

DEPARTMENT OF STATE HOSPITALS - ATASCADERO

PO Box 7001
 Atascadero, CA 93423-7001
 805-468-2001



September 10, 2015

Dear Visitor:

To help ensure the health and safety for both our patients and staff, we ask that you complete the following questionnaire to indicate if you currently have any of the following conditions.

1. Active fever or fever ($\geq 100^{\circ}\text{F}$) in the last 7 days? Yes ___ No ___
2. Active cough? Yes ___ No ___
3. Shaking chills? Yes ___ No ___
4. Sore throat with or without swollen glands in your neck? Yes ___ No ___
5. Unusual or severe headache or neck pain? Yes ___ No ___
6. Active vomiting or diarrhea in the last 48 hours? Yes ___ No ___
7. In the last month, have you been around a person who has had pertussis, measles, mumps, chickenpox, or shingles and you have never had them nor been vaccinated against them? Yes ___ No ___
8. Have you had a flu vaccination for the 2015-2016 flu season? Yes ___ No ___
9. Have you traveled to or been around someone who has traveled to the following countries within the last 21 days:
 Sierra Leone, Liberia, Guinea, Lebanon, Jordan,
 Saudi Arabia, United Arab Emirates, Kuwait, Yemen,
 Oman, Iran, or Qatar? Yes ___ No ___

If you have any of the above conditions, your visit may be cancelled today and we encourage you to seek medical attention with your medical practitioner as soon as possible.

 Print Name

 Signature

 Date

Once you have recovered, you may reschedule your visit.

Thank you for your cooperation.

STIRLING C. PRICE, LCSW
 Executive Director