

HOME HEALTH AND HOSPICE PRE-HOME VISIT SCREENING FLOWCHART

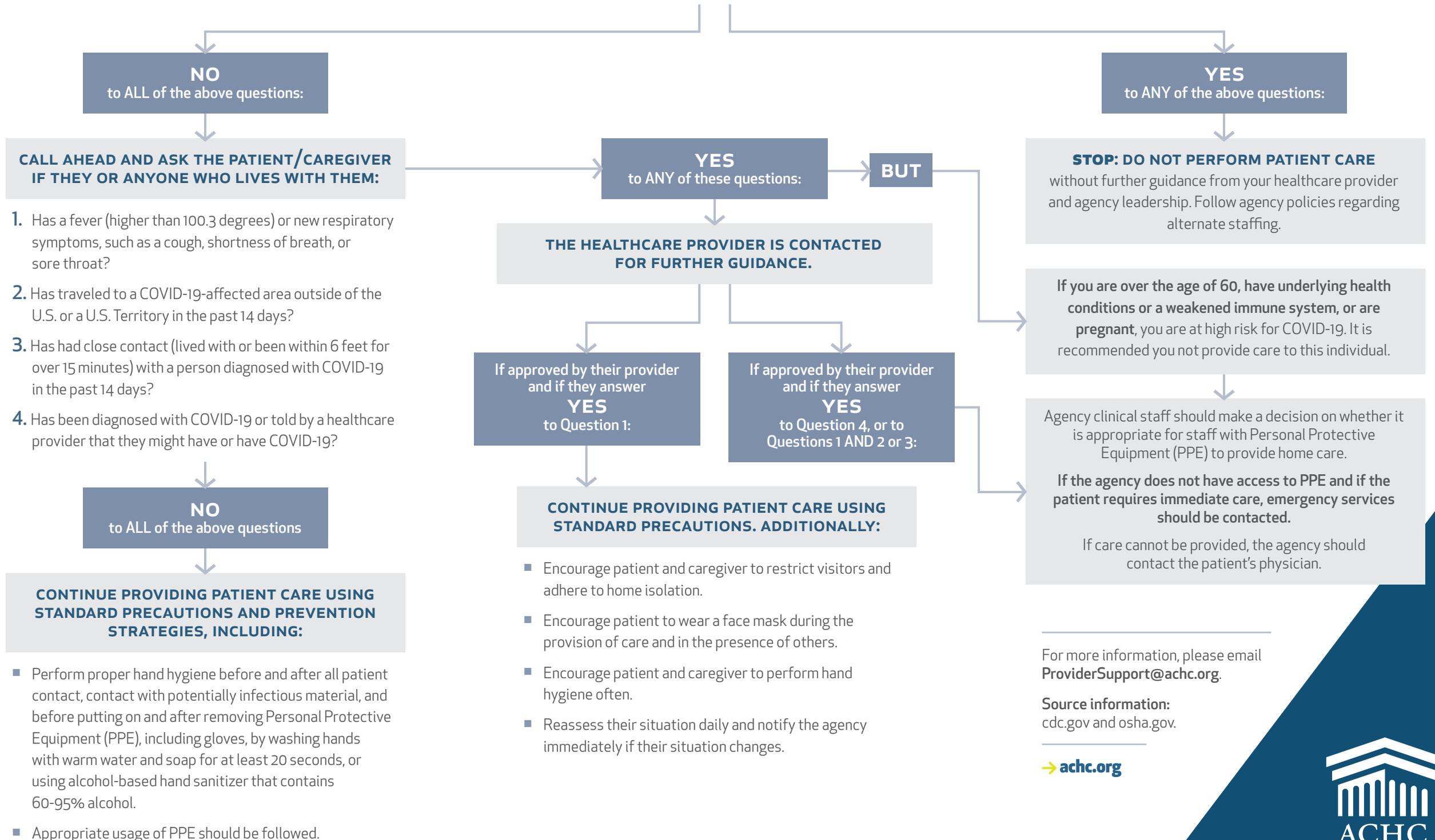
BEFORE PROVIDING HOME CARE, ASK YOURSELF:

Do I have a fever (higher than 100.3 degrees) or new respiratory symptoms, such as a cough, shortness of breath, or sore throat?

Have I traveled to a COVID-19-affected area outside of the U.S. in the past 14 days? Visit the CDC's "COVID-19 Travel Recommendations by Country" webpage for more information: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-1>.

Have I had close contact (lived with or been within 6 feet for over 15 minutes) with a person with COVID-19 in the past 14 days?

Have I been diagnosed with COVID-19 or told by a healthcare provider that I might have COVID-19?



For more information, please email ProviderSupport@achc.org.

Source information:
[cdc.gov](https://www.cdc.gov) and [osha.gov](https://www.osha.gov).

→ [achc.org](https://www.achc.org)

