Risk assessment for an ultrasound examination during COVID-19

Name: ________________________________________________

(To be completed by patient or any accompanying person)

This is not to decline an exam, but ensure appropriate safety guidelines are followed;

1. Have you (the patient) travelled in the last month;
   - [ ] Internationally
   - [ ] Domestically
   - [ ] No travel

2. Have you been well for the last 14 days?
   - [ ] Yes
   - [ ] No

3. Are you feeling well today?
   - [ ] Yes
   - [ ] No

4. Have you been continuing to work?
   - [ ] Yes – at the office/worksite
   - [ ] Yes – from home
   - [ ] No

5. Have all others in your household worked from home?
   - [ ] Yes
   - [ ] No

Are there any other reasons you believe puts you at risk today for your ultrasound examination?

______________________________________________________________________________

Consideration could be given to checking the temperature of all patients and accompanying persons in regions where risk is elevated.