

# Sample H1N1 Screening Form

Marshalltown Medical & Surgical Center  
H1N1 (Swine Flu) Screening Form  
Policy Number: IC VI 1D MR-060 5/09-3

Please complete section A, then answer B Yes or No  
and return your completed form to the screening personnel

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## SECTION A

Name (please print):

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Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Address:

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City, State, Zip:

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Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Type of ID Used:  Photo

Other: \_\_\_\_\_

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## SECTION B

Do you have a fever of 100 or more, **AND** a cough or sore throat?

Yes  No

### PASS

If the response is **NO**, they have passed the screening exam. Complete the rest of the steps of the procedure for the individual and they may proceed through the hospital.

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### FAIL

If the response is **YES**, they have failed the screening exam. Give the individual the CDC Handout "H1N1 (Swine Flu) and You" and "Taking Care of a Sick Person In Your Home" and advise them to consider calling their physician's office for guidance. Direct or escort them out of the hospital.

**EXCEPTION: If they have been under the care of a physician within the last 7 days, they may proceed into the hospital IF they wear a mask.**

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Signature of Individual being screened	Date	Time
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Physician  MMSC Co-worker/Volunteer # \_\_\_\_\_  Patient   
Patient's Family  Visitor

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Signature of Screener

Source: Marshalltown (IA) Medical & Surgical Center.