

SURGICAL SCREENING & TESTING

Dear _____,

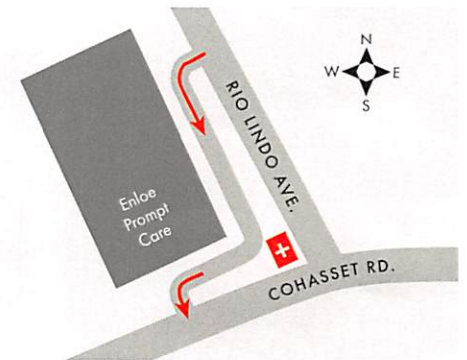
You have been scheduled for a procedure by your provider today. Before your procedure, you will need to be tested for the COVID-19 virus.

What to do before your scheduled surgery:

- Self-monitor twice a day for two weeks prior to your surgery/procedure using the patient self-monitoring tool on the back of this form and practice social distancing. If at any time you develop symptoms of COVID-19, contact your provider immediately.
 - Begin self-monitoring on: _____
- The COVID-19 test must be completed within 48 hours before your surgery date.
 - Date of your COVID-19 test: _____

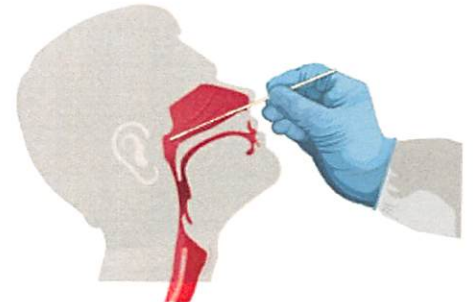
Testing site information:

- Hours: 7:30 a.m. to 12:30 p.m., seven days a week
- Location: Enloe Cohasset Campus
560 Cohasset Road, Chico, CA, 95926
- Drive into the testing site from Rio Lindo Avenue. Follow the posted signs. (Please see map.)



What to expect:

- An Enloe nurse dressed in personal protective equipment, including a gown, gloves, mask and face shield, will come to your vehicle and verify your name and date of birth before obtaining the test sample.
- We will take your test sample while you are in your vehicle. The procedure is quick, slightly uncomfortable and takes a few seconds.
- Obtaining the specimen may cause an urge to sneeze, so the nurse may ask you to clear your nasal passage before inserting the swab.



After the test:

- Results will be sent to your provider within 24 hours. Enloe staff will contact you with your results, confirm your surgery date and answer any questions you may have.
- In the event your test is positive, our team will collaborate with Butte County Public Health to support and guide you.
- If your test is negative, it is crucial that you continue to follow the prevention measures of social distancing and self-monitoring to prevent getting the virus. Please visit www.buttecounty.net/ph or www.enloe.org for information and resources about COVID-19.

If you have questions, please call the provider scheduled to perform your surgery or procedure:

Provider: _____ Phone: _____

