

**Wyoming Medical Center
Non-Employee Screening Questionnaire**

Please answer Yes or No to questions below.

- Q1. _____ Will you be picking up or delivering goods?
- Q2. _____ Will you be providing services in a patient care area?
- Q3. _____ Will you be providing Indirect Patient Care including observation, conversation with the patient or family members, or physical contact that is not medical or nursing in nature?
- Q4. _____ Will you be privy to any confidential patient information?
- Q5. _____ Will you be in physical contact with a patient or providing technical verbal assistance to a provider during the course of a health care procedure / treatment?

Answer Yes to:

- Q1 Low Risk
Q2 Medium Risk
Q3 Medium Risk
Q4 Medium Risk
Q5 High Risk

Sales Representative Signature: _____

Print Name: _____

Corporation Represented: _____

Date: _____