Coronavirus (COVID-19) Screening Tool

INSTRUCTIONS

Use this document to screen entering clients. This information is not required to be entered in HMIS.

DATE

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CLIENT NAME HMIS CLIENT ID

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SYMPTOMS

Does the client have the following signs and symptoms? Check all that apply. If client is not symptomatic, continue to *Screener Name*.

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|  Fever |
|  Cough |
|  Sore Throat |
|  Shortness of Breath |

SYMPTOM ONSET

If the client is symptomatic, answer the *Symptom Onset* questions below. If client is not symptomatic, continue to *Screener Name*.

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|  Yes No Unknown | Has the client had close contact with a person who is under investigation for COVID-19 while that person was ill? |
|  Yes No Unknown | Has the client had close contact with a laboratory-confirmed COVID-19 patient while that case was ill? |

SCREENER NAME

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SCREENER SIGNATURE

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DATE

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NOTES

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