

COVID-19 PRE-HOSPITAL SCREENING

INCIDENT NUMBER: _____ DATE: _____ TIME: _____

PATIENT NAME _____ AGE: _____ GENDER: _____

Circle the best answer:

Fever:

Does the patient present with a fever? YES NO

Were any anti-fever medication(s) (Tylenol, Ibuprofen) administered to the patient in the past 24 hours? YES NO UNKNOWN

Temperature: _____ °F or °C

Associated Symptoms

Does the patient present with any of the below symptoms:

Cough? YES NO

Difficulty Breathing or shortness of breath? YES NO

Travel

In the past 14 days before symptom onset, did the patient:

Travel outside of the United States or within the United States to an affected state? YES NO

Had close contact with someone that traveled outside the United States or to an affected state within the United States? YES NO POSSIBLE UNKNOWN

History of Event

Is the patient a member of a cluster of patients with severe acute respiratory illness of unknown etiology (cause/reason)? YES NO POSSIBLE UNCONFIRMED UNKNOWN

Has the patient been evaluated and diagnosed with an acute respiratory illness? YES NO UNKNOWN

Has the patient had close contact with a suspected or laboratory-confirmed Coronavirus (COVID-19) case? YES-Confirmed Case YES-Suspected Case POSSIBLE EXPOSURE NO UNKNOWN