



COVID-19 Screening

Screening Questions

1. In the past 4 days, has the patient had:
 - a. fever > 100.4 degrees
 - b. cough
 - c. muscle aches or fatigue
 - d. **shortness of breath**
 - e. cold-like symptoms (runny/stuffy nose, sore throat)
 - f. loss of taste or smell
 - g. headache
 - h. diarrhea, vomiting, nausea
2. Does the patient have pending COVID-19 test results?
3. In the past 14 days, has the PATIENT been in close contact:
 - a. with anyone with **CONFIRMED** COVID-19?
 - b. with anyone with **SUSPECTED** COVID-19?
 - c. (less than 6 feet) with a group of more than 10 people for over 15 minutes?
4. Does the parent/caregiver have any similar symptoms or contacts as the patient?
5. In the home, is there:
 - a. A healthcare worker?
 - b. A first responder?
 - c. An individual who is at higher risk for complications from COVID-19 (age over 65, lung or heart disease, diabetes, immunosuppressed)?