

Novel Coronavirus Disease 2019 (COVID-2019) Screening

Patient Name:	Patient Phone:
DOB:	Date of Symptom Onset:
Person Screening:	County of Residence:

Screening Questions

Does the individual have illness compatible with COVID-19? (Check all that apply)

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other: _____ |

AND

Is the individual at highest risk of poor health outcomes including any of the following (check all that apply):

- Person over the age of 60,
- Person with serious underlying medical conditions* or immunocompromised,†
- Pregnant, **OR**
- Hospitalized with severe lower respiratory illness

OR

Has the individual been in close contact with a sick person with confirmed COVID-19? Close contact includes any of the following (check all that apply):

- Living in the same household as a sick person with COVID-19,
- Caring for a sick person with COVID-19,
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes, **OR**
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

OR

Does the individual live or work in any of the following situations (check all that apply):

- Any setting where healthcare services are being delivered (hospital, behavioral health facilities, long-term care facilities, corrections, etc.).
- Public safety occupation (law enforcement, firefighter, EMS, etc.).
- Institutional or congregate setting (corrections, shelters, etc.).
- Critical infrastructure occupation (grocery stores, pharmacist, restaurants, gas stations, public utilities, etc.).

Testing is recommended for anyone who is symptomatic AND is at highest risk for poor health outcomes OR is a close contact of confirmed COVID-19 case OR lives or works in a high-risk situation.

Date collected: _____
Specimen type: _____
Lab type: State Commercial Hospital

*Underlying medical conditions include people with chronic lung disease, moderate to severe asthma, and serious heart conditions. People of any age with severe obesity (body mass index [BMI] >40) or certain medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease may be at risk for severe illness.

†Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.