**Patient Screening Form for COVID-19**

|  |
| --- |
| Facility Name: Date of Screening:  |
| Patient/ Client Name: DMH ID#: |
| Age: Male/Female/Undeclared Housing Unit:  |
|  |
| **Recent History** |
| Has the patient travelled to countries or US regions declared high-risk by CDC in the last 21 days?   \_\_\_\_\_\_Yes \_\_\_\_\_\_ No |
| If so, which country/ region? When? |
| Has the patient had close contact with any individual with a laboratory confirmed COVID-19 or Patient Under Investigation (PUI) for COVID-19? \_\_\_\_\_\_ Yes \_\_\_\_\_ No***Close contact*** *is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (15 to 30 minutes). Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).*  |
| **Does the patient fall under the high-risk category for COVID-19 as defined by CDC?**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Describe |
| Age above 65 |  |  |  |
| Diabetes Mellitus |  |  |  |
| Chronic lung disease (COPD) |  |  |  |
| Immunocompromised medical status |  |  |  |
| Heart disease |  |  |  |
| Other serious chronic medical conditions |  |  |  |

 |
| **Symptom Assessment** |
| Does the patient currently have any of the following symptoms?  |
|  | Yes | No | Describe |
| Fever |  |  | Temperature:  |
| New onset dry cough |  |  |  |
| New onset shortness of breath |  |  |  |
| **If the patient has a history of travel or history of close contact or is in the high-risk category for COVID-19 and is exhibiting the symptoms outlined above, patient isolation protocol needs to be initiated and the patient should be considered Person Under Investigation (PUI) and PUI protocol initiated, including testing for COVID-19.**  |
|  |
|  |
|  |
| Name of Person Completing Assessment:  |
| Signature: |