



For questions about screening criteria, please
forward an HICS 213 to Operations Chief at System IC.

CURRENT COVID-19 Guidance - last updated June 2, 2020

Patient Screening Guidelines

Print Patient's LEGAL Name:

Last First Middle

Sex: _____ Date of Birth _____/_____/_____ Last 4 digits of SSN: _____

Appointment Type _____ Form completed: ☐ In Person ☐ Via Phone

Observable or Self-Reported Symptoms and Exposures:

- ☐ Fever greater than 100°F, or has medicated to treat a fever over 100°F in the last 4 hours
Patient Temperature: _____
- ☐ Cough or shortness of breath, new or worsening within last 7 days
- ☐ Patient is awaiting confirmation of a COVID-19 laboratory result, or is COVID positive and has not been released from local health department.
- ☐ Patient has been in close, unprotected contact (less than 6 feet for more than 15 minutes) with a person confirmed to have COVID-19, or been instructed by a health department to self-quarantine due to possible exposure.
- ☐ At least **TWO** of the following symptoms, if **NEW** within the past 7 days (mark symptoms reported):
- | | | | | | |
|-----------------------------------|--------------------------------|--|--|-------------------------------|--|
| <input type="radio"/> sore throat | <input type="radio"/> headache | <input type="radio"/> runny nose | <input type="radio"/> loss of taste or smell | <input type="radio"/> fatigue | <input type="radio"/> muscle aches or pain |
| <input type="radio"/> nausea | <input type="radio"/> vomiting | <input type="radio"/> nasal congestion | <input type="radio"/> diarrhea | <input type="radio"/> chills | <input type="radio"/> repeated shaking with chills |

Registration/Intake Person Completing Form:

Name _____ Date/Time _____

Print Name