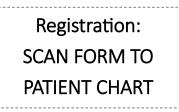


For questions about screening criteria, please forward an HICS 213 to Operations Chief at System IC.



CURRENT COVID-19 Guidance - last updated August 6, 2020

Patient Screening Guidelines

Print Patient's LEGAL Name:

Last				First			Middle	
Sex:	D:	ate of Birth	/	/	Appointmen	it Type		
	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.							
	Patient has tested COVID positive, and does not have a letter of release from health department OR has new symptoms.							
	In the past 14 days, patient has been closer than 6 feet for more than 15 minutes to a person confirmed to have COVID-19, and at least one person was not masked.							
	At least TWO of the following symptoms, if NEW within the past 7 days (mark symptoms reported):							
	\circ sore throat	o headache	o runny nose	o loss	of taste or smell	o fatigue	\circ muscle aches or pain	
	o nausea	o vomiting	o nasal congest	tion o diari	hea	o chills	\circ repeated shaking with chills	

ANY ONE box checked above indicates the patient's visit should be rescheduled.

Screener Completing Form:

Name____

_Date/Time_____

Print Name