NAME:

CORONAVIRUS DISEASE 2019 (COVID-19) SCREENING TOOL

DATE:_____

1. Assess the Risk Of Exposure	
☐ Yes ☐ No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days? If YES, Dates of Exposure:_____
☐ Yes ☐ No	Deployed for COVID-19 response and back from deployment within the last 14 days?

2. Assess Symptoms		Date of Onset:
☐ Yes ☐ No	**Fever or Chills**	
☐ Yes ☐ No	**Nasal Congestion**	
☐ Yes ☐ No	**Shortness of Breath**	
☐ Yes ☐ No	**Cough:** ☐ **Dry** ☐ **Congested** ☐ **Sputum Production** ☐ **New Onset** ☐ **Chronic/Seasonal**	
☐ Yes ☐ No	**History of Spring/Seasonal Allergies**	

3. Travel History

Geographic Location Visited	Dates of Visit *(Beginning Date => Ending Date)*

4. Perform a temperature check _____°F