

Coronavirus (COVID-19) Screening Tool

INSTRUCTIONS

Use this form to screen all entering clients. The Ohio Balance of State CoC recommends that clients in congregate shelters be screened daily. This information may be entered into HMIS. See [HMIS Coronavirus Screening Tool workflow](#). Data from this screening tool are used in the Prioritization Report in R minor elevated at <https://cohhio.org/rme>.

SCREENING TYPE

- Client is entering
- Client is being re-screened

STATEMENT TO CLIENT

Please read this statement to the entering client:

Coronavirus disease 2019 (COVID-19) is a respiratory disease that can result in hospitalization or death, even for young people with no underlying medical conditions. You can help prevent the spread of COVID 19 by staying at least 6 feet away from others, avoiding touching your face, coughing and sneezing into a tissue or an elbow rather than your hands, and washing your hands with soap and warm water for at least 20 seconds. Hand sanitizer can be used if soap and water are not available.

CLIENT NAME	HMIS CLIENT ID	DATE
		/ /

VULNERABLE CLIENTS

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you 65 or older?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have a chronic lung disease or moderate to severe asthma
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you been diagnosed with a serious heart condition, diabetes, or liver disease by medical provider?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have chronic kidney disease and are currently undergoing dialysis?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you immunocompromised? Immunocompromised conditions include cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you smoked tobacco in the past month?

DIAGNOSIS

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date of test: / /	Were you tested for COVID-19?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of determination: / /	Has a medical professional deemed that you are/were under investigation for COVID-19?

CONTACT

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of contact: / /	Have you had close contact with a confirmed COVID-19 patient while that person was ill?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date of contact: / /	Have you had close contact with an ill person who is under investigation for COVID-19?

SYMPTOMS

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have a new or worsening cough?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have difficulty breathing or shortness of breath?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you had a fever or felt feverish in the past day?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have chills?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have muscle pain?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have a headache?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have a sore throat?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have a new loss of taste or smell?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have nausea or vomiting?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have diarrhea?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Do you have congestion or a runny nose?
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you feeling too weak to stand or light-headed?

NOTES

CDC GUIDANCE

People with COVID-19 may be permitted to leave isolation if at least 3 days have passed since recovery from COVID-19 or when at least 2 tests are negative for COVID-19. People in quarantine because of exposure to COVID-19 may discontinue quarantine at least 14 days after exposure, if no symptoms. Anyone still in a window in which they should be in isolation or quarantine should not be served in a congregate setting if at all possible. Providers should review [CDC's detailed guidance](#) regarding when to discontinue isolation or quarantine to determine if they can serve someone who reports being recently in isolation or quarantine.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Persons who are residents of congregate facilities who have been exposed to COVID-19 are a **priority testing group**, and providers should advocate for testing where needed.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.