

The Good Companions COVID-19 Respiratory Infection Screener

Name:

Phone Number:

Date:

The COVID-19 Respiratory Infection Screener consists of 5 questions

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| 1. Have you or anyone in your household had close contact* with anyone with acute respiratory illness | Yes ____ No ____ |
| 2. Do you or anyone in your household have a confirmed case of COVID-19 (or test results pending+) or had close contact* with a confirmed case of COVID-19 not yet resolved (or test results pending+) without wearing appropriate PPE? | Yes ____ No ____ |
| 3. In the past 14 days have you been directed by a federal border agent to comply with federal quarantine requirements due to international travel? | Yes ____ No ____ |
| 4. Do you have any of the following symptoms: Fever New onset of cough Worsening chronic cough Shortness of breath Difficulty breathing Sore throat Difficulty swallowing Decrease or loss of sense of taste or smell Chills Headaches Unexplained fatigue/malaise/muscle aches (myalgias) Nausea/vomiting, Diarrhea, Abdominal pain Pink eye (conjunctivitis) Runny nose/ nasal congestion without other known cause | Yes ____ No ____ |
| 5. If the patient is 70 years of age and older, are they experiencing any of the following symptoms: delirium (altered state of consciousness), unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions? | Yes ____ No ____ |

COVID-19 Screening Results

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|--|------------------------------|
| If response to ALL of the screening questions is NO . | COVID Screen Negative |
| If response to ANY of the screening questions is YES . | COVID Screen Positive |