Date of Screening: _____

Client Name:_____

Camillus House

COVID-19 SCREENING TOOL

(Revised 4/27/2020)

A. CLIENT SHOULD BE FURTHER EVALUATED OR REFERRED TO TESTING IF THEY HAVE:

1. Cough
2. Shortness of Breath or Difficulty Breathing

OR AT LEAST TWO OF THESE SYMPTOMS

1. Fever *(use thermometers to verify fever of 100.4+)*
2. New loss of taste or smell
3. Chills
4. Repeated shaking with chills
5. Sore Throat
6. Headache
7. Muscle Pain

IF REFERRED FOR TESTING:

1. Ensure client is wearing mask
2. Isolate/separate client from other clients and notify program director immediately
3. Update Screening Tracking Tool, etc.

B. SEEK IMMEDIATE MEDICAL ATTENTION FOR CLIENT IF THEY HAVE ANY OF THESE EMERGENCY WARNING SIGNS FOR COVID-19

1. Trouble breathing
2. Persistent pain or pressure in the chest
3. New confusion or inability to arouse
4. Bluish lips or face

IF SEEKING IMMEDIATE MEDICAL ATTENTION

1. When calling 9-1-1, please notify them that you are calling about a potential Covid-19 case so that they may prepare
2. Isolate the client until they arrive and notify program director immediately
3. Update Screening Tracking Tool

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