**COVID-19 Shelter Triage Screening Tool**

First, become familiar with symptoms of COVID-19 and how they differ from the Flu and allergies.

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| **COVID-19**  | **FLU**  | **ALLERGIES**  |
| * Fever
* Cough
* Shortness of Breath

(Symptoms occur 2 – 14 days after exposure)  | * Fever
* Cough
* Sore Throat o Headaches o Body, Muscle Aches o Runny, Stuffy Nose
* Fatigue
 | o Sneezing, Coughing o Runny Nose, Scratchy Throat o Itchy, Red Watery Eyes |

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMIS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of

Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you having fever? \_\_\_ Yes \_\_\_ No
2. Do you have a cough? \_\_\_ Yes \_\_\_ No
3. Are you experiencing shortness of breath? \_\_\_ Yes \_\_\_ No

If client answers yes to Questions 1-3, they should be masked and isolated.

1. If yes, what is your age? \_\_\_\_\_\_\_\_\_

If client answers yes to Question 1-3 and are over 55, they should be transported to the hospital for testing.

1. If yes, do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If client answers yes to 1-3 and has a documented illness for 5 they should be transported to the hospital for testing.

Prior to transporting, please call the hospital and alert them of the transport.