

Basic Screen for Symptoms of COVID-19

Use: for non-medical providers, navigators, law enforcement, shelter and support services staff, etc., who have contact with a person with sheltering/housing needs who may also have a COVID-19-related concern to support referral for health and housing/sheltering needs.

NAME: _____ date: _____ time: _____ AM/PM

Date of Birth/AGE: _____ Name of screener: _____

How can person be reached for follow up? (phone, location) _____

Suggested script: "We ask about your health so that we can better respond to your housing/sheltering needs."

<ol style="list-style-type: none"> 1. Do you have a dry cough? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you have a sore throat? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you feeling feverish or have you had a fever recently? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you have difficulty breathing (worse than usual) or shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Have you recently experienced a sudden loss of taste OR smell? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any question above: Call Public Health: 303-271-8396

If possible, isolate and provide with a facemask. Use best practices for cleaning/disinfecting.

The following severe symptoms should be addressed immediately, Call 911:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Follow up notes:
