

COVID-19 Shelter Triage Screening Tool

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

COVID-19	FLU	ALLERGIES
<ul style="list-style-type: none"><input type="radio"/> Fever<input type="radio"/> Cough<input type="radio"/> Shortness of Breath <p>(Symptoms occur 2 – 14 days after exposure)</p>	<ul style="list-style-type: none"><input type="radio"/> Fever<input type="radio"/> Cough<input type="radio"/> Sore Throat<input type="radio"/> Headaches<input type="radio"/> Body, Muscle Aches<input type="radio"/> Runny, Stuffy Nose<input type="radio"/> Fatigue	<ul style="list-style-type: none"><input type="radio"/> Sneezing, Coughing<input type="radio"/> Runny Nose, Scratchy Throat<input type="radio"/> Itchy, Red Watery Eyes

NAME: _____

LOCATION: _____

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.

4. 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.

5. 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 Grady Hospital for testing.

Prior to transporting, please call Hospital and alert them of the transport and contact Cathryn Marchman with name, DOB, shelter, and hospital: cmarchman@partnersforhome.org