COVID-19 Screening Log

					Check if YES										SUSPECT CASE = Fever, Cough, Shortness of Breath, Loss of Taste or Smell, or 2 of Feverish, Chills, Muscle Pain, Sore Throat	
Date	Last Name	First Name	Date of Birth (MM/DD/YY)	Gender (M/F/O)	Fever Temp≥100.4°F	Cough	Short of Breath	Loss of taste or smell	Chills	Muscle pain	Sore throat	Temperature (if taken)	Screener Initials	FOR SUSPECT CASE: Disposition (Isolation, IF, Hospital, etc.)/Comments	COVID-19 test date (highlight if positive)

See COVID-19 Screening Tool and Guidance for Initial Management of Suspect COVID-19 Cases