COVID-19 SCREENING TOOL

HMIS # _____

CM Name _____

Date_____

This tool can be completed in HMIS or by paper

If administering tool by paper:

Client's Name _____

Client's DOB _____

Forward completed paper form to:

Step 1. Look the potential guest up in HMIS to see if they have a previous record in the system and an active Release of Information (ROI).

Record Case Manager (CM) name and today's date.

If in HMIS: Record HMIS number.

If no ROI recorded, or if unable to check HMIS, secure a signed ROI & record client's name and birthdate.

Step 2. Complete the following questions with the guest or potential guest, on this form or directly into HMIS.

A. Symptoms

1. a. Take temperature: _____ (°F) **OR, if not possible, inquire**

    b**.** Ask "Have you felt like you had a fever in the past day?"
    ❑ Yes   ❑ No   ❑ N/A (if temperature is physically taken)

2. Do you have new or worsening cough?
    ❑ Yes   ❑ No

3. Do you have new or worsening shortness of breath (different from your normal breathing) today?
    ❑ Yes   ❑ No

4. Do you have any of the following other symptoms:

❑ Fevers or chills	❑ Muscle or body aches	❑ Congestion or runny nose
❑ Cough	❑ Headache	❑ Nausea or vomiting
❑ Shortness of breath or difficulty breathing	❑ New loss of taste or smell	❑ Diarrhea
❑ Fatigue	❑ Sore throat	

B. Tests and exposure

5. Have you, to your knowledge, been exposed to someone with COVID-19?
    ❑ Yes   ❑ No

    If yes, date of exposure:_____/_____/_____
                    (mm/dd/yyyy)

5a. If yes, do you have documentation from a medical professional saying you have been exposed to COVID-19?
    ❑ Yes (attach)   ❑ No   ❑ Waiting on results

6. Have you been tested positive for COVID-19?
  ❑ Tested Positive ❑ Tested Negative ❑ Waiting on Results ❑ Not Tested
      Test Date:_____/_____/_____
          (mm/dd/yyyy)

6a. If you have been tested, do you have documentation from a medical professional saying you tested positive for COVID-19?
  ❑ Yes (attach) ❑ No ❑ Waiting on results

C. Risk Factors

7. How old are you (or determine from birthdate): _____

8. Do you have any of the following health conditions? Please select all that apply.

❑ Asthma/Lung Disease	❑ Severe Obesity (BMI > 40%)
❑ Diabetes	❑ Liver disease
❑ Serious Heart Condition	❑ Chronic Kidney Disease undergoing dialysis

❑ Immunocompromised (including Cancer Treatment)

If the respondent reports:
-Yes to #1, #2, or #3 **AND** any of the symptoms in #4, **OR**
-Yes to #5 **OR** #5a **AND** any constellation of symptoms in #1, #2, #3, or #4 **OR**
-Yes to #6 Positive for COVID-19

Direct the guest to an isolation room, if available, or an available space in the area designated for symptomatic persons. If your shelter does not have an area for symptomatic people, redirect the person to the location pre-specified by your CoC, public health departments and community leadership.

Complete the referral form and send immediately. DO NOT COMPLETE AN Intake.

Let the guest know:
  a) If their symptoms worsen, they should seek help immediately.
  b) Not to leave their room/symptomatic area except to use restroom.
  c) If they leave their room/symptomatic area, they must wear a mask.

ACTION TAKEN: ❑ Isolation & Referral   Date: _____

If the potential guest is not in the categories above (positive, exposed and symptomatic, or symptomatic) but is over 65 and/or has one or more chronic health conditions that place them at risk (conditions in #8), you may refer them to the motel program. However, they do not need to be isolated and the intake should continue.

If your agency does not have HMIS data entry, send the first two completed pages to the designated person at your agency to route for data entry. Document your action and key client information on the next page and keep for your records.

Always Keep this Page with Client Documents

Action:
- ❑ Isolation & Referral*, stopped intake.
- ❑ Offered IQ Referral*, accepted, continue intake.
- ❑ Offered IQ Referral*, declined, continue intake.

*Note on referral form as much information as possible about the person's condition & risk factors.

> CM Name _____
>
> Date_____
>
> Client's Name _____
>
> Client's DOB _____

Intake & Enrollment

1. Note risk factors present **(from #7 and #8 above, ESPECIALLY if HMIS data entry is done offsite)**

2. Complete FEMA enrollment screens in HMIS or FEMA enrollment form. If completing on paper, send completed form to the designated person at your agency to route for data entry.

3. Determine whether the potential guest has a primary care physician or source of medical care and note this information here:

4. If the guest has an emergency contact, ask that they provide all information to reach that person.
   a. Emergency Contact:

   b. In addition, inquire where they generally spend time or would likely be found if they leave and the name of the friend who would know how to contact them

      i. Usual location/likely to be found or frequent:

      ii. A friend likely to see them: