Travel and Symptom Screening

Answer all questions

Name: Date:

Center: Screening done: \_\_\_\_ Phone \_\_\_\_ In-person

If not member, person providing information:

1. Do you have a fever, cough, difficulty breathing or shortness of breath? Yes No
   1. If yes, what are your symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Date your symptoms began? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Are you under the care of a health care provider for these symptoms? Yes No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past 14 days, have you or anyone you live with traveled to China, Japan, Italy, Iran, or South Korea? Yes No
2. If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you had close contact with any person that has a confirmed case of corona virus?

Yes No

a. If yes, date when you had contact with that person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response Follow Up**

**Positive Screen: “Yes” response to #1 symptoms and “Yes” response to either #2 or #3.**

* If the person is in the center, immediately move them to an isolated area in the center away from other people. Any staff directly caring for the member should wear mask and gloves. Contact the family for immediate transport home, do not transport on the bus run. If person is an employee, send home immediately.
* If the person is on the phone, direct them to call their Health Care Provider and to avoid going out in public until symptoms subside.
* In either case, CD notify RD and National Clinical Director for further direction.
* Contact the local health department

**Potential Exposure Screen: “No” response to #1 symptoms and “Yes” response to either #2 or #3**

* CD notify RD and National Clinical Director for further direction
* Contact the local health department

**Symptoms without exposure: “Yes” response to #1 and “No” response to either #2 or #3**

* Discuss findings with National Clinical Director

**\*\*\*\*Refer to the CDC handout to answer questions**