

**APPENDIX A
COVID – 19
PATIENT TRIAGE QUESTIONS**

PATIENT NAME:	DOB:
	AGE:
PHONE NUMBER:	

QUESTIONS:	Pre-Screen Date: _____		Arrival Date: _____	
1. Have you had a fever greater than 100.4° in the past 48 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you have a sore throat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you have a cough?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you experiencing any shortness of breath or difficulty breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you lost your sense of taste/smell in the past 48 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you experienced vomiting or loose stools recently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Do you have a headache, body, or muscle aches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you traveled outside of your county in the past 14 days? If yes, where? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have heart, kidney, or lung disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Do you have any other condition that might increase your risk of infection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you had a positive COVID-19 test in the past 2 weeks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: Ask the patient to take their temperature the evening before and the morning of their appointment.

Any positive responses need to be reviewed by the patient’s provider.