

Test Test 2

Patrick Crosby,
FEMA COVID-19



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COVID-19 SCREENING TOOL



Assessment Date 

Current Temperature

Do you have a cough?

Are you feeling feverish?

Do you have difficulty breathing
(worse than usual)?

Have you been exposed to COVID-19?

Did you test positive for COVID-19?

DO YOU HAVE ANY OF THE FOLLOWING HEALTH CONDITIONS? PLEASE SELECT ALL THAT APPLY.

Chronic lung disease or moderate to severe asthma

Serious Heart Condition

Immunocompromised (including cancer treatment)

Severe Obesity (BMI >40%)

Diabetes

Chronic kidney disease undergoing dialysis

Liver Disease

High Blood Pressure

Do you need non-congregate shelter as a social distancing measure?

Private

Managed with Clarity Human Services