COVID-19 AWARENESS SCREENING

The purpose of this screening is to ensure that participants in your program have awareness of COVID-19 (Coronavirus). ***This is not intended to be a medical screening or diagnostic tool.*** *This screening tool is intended to help programs manage activities related to client awareness, potential personal contact, and general symptom monitoring.*

CDC information here: https://www.cdc.gov/coronavirus/2019-ncov/about/index.html

NYS DOH (1-888-364-3065)

Date Completed	Completed By
_____/_____/_____	
AWARENESS	
Information on COVID-19 provided?	Additional Details
Yes ☐ No☐	
Education on personal hygine provided?	Additional Details
Yes ☐ No☐	
Steps to avoid COVID-19 discussed?	Additional Details
Yes ☐ No☐	
POTENTIAL CONTACT	
Has the individual traveled outside of the United States, in the past 14 days? If yes, list locations in the additional details field.	Additional Details
Yes ☐ No☐	
Has the individual been in contact with anyone who has traveled outside of the United States in the past 14 days?	Additional Details
Yes ☐ No☐	
Has the individual been in contact with anyone who has been exposed to COVID-19	Additional Details
Yes ☐ No☐	
Does the individual live in a group home setting?	Additional Details
Yes ☐ No☐	
POTENTIAL SYMPTOM CHECK	
Is the individual age 65 or older	Additional Details
Yes ☐ No☐	
Does the individual have a history of respiratory issues	Additional Details
Yes ☐ No☐	
Does the individual suffer from any serious chronic illnesses, such as heart disease, diabetes, lung disease, ect? If yes, please list details in additional details field	Additional Details
Yes ☐ No☐	
Is the individual presenting with a fever, cough, or shortness of breath?	Additional Details
Yes ☐ No☐	