

(For Office Use)	
Patient: Yes _____ No _____	
MRN #: _____	
Temp: _____	
O2 Level: _____	

## COVID-19 PATIENT SYMPTOM SCREEN

**PRINT** Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### STEP 1 | INITIAL RISK ASSESSMENT

**Directions:** Review the following situations to determine if the patient needs immediate referral to the Georgia DPH.

Have you been out of the country, or to a city, where there has been a large outbreak of Coronavirus?  Yes  No

Have you been exposed to anyone who has been diagnosed with Coronavirus?  Yes  No



**IF YES TO EITHER QUESTION ABOVE,  
STOP AND CALL 1-866-PUB-HLTH**



If no to both questions, please proceed to Step 2.

### STEP 2 | CALCULATE RISK SCORE

**Directions:** Review the following symptoms with the patient. Add the score for each column and record below. Add all column score values together to determine Total Risk Score. Use the table in Section 3 to determine recommended next steps.

SYMPTOMS	0 POINTS	1 POINT EACH	2 POINTS EACH	3 POINTS EACH
Age	<input type="checkbox"/> 0 - 39	<input type="checkbox"/> 40 - 59	<input type="checkbox"/> 60 - 69	<input type="checkbox"/> 70+
Cough	<input type="checkbox"/> Dry	<input type="checkbox"/> Productive (Occas.)	<input type="checkbox"/> Productive (Freq.)	<input type="checkbox"/> Product. (Constant)
Fever	<input type="checkbox"/> None	<input type="checkbox"/> <100	<input type="checkbox"/> 100-101	<input type="checkbox"/> >101
(or) Felt feverish?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Shortness of Breath	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Sore Throat	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Muscle Aches	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Nausea/Vomiting/Diarrhea	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Fatigue	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>COLUMN TOTALS:</b>	0			
<b>TOTAL RISK SCORE:</b>				

### STEP 3 | RISK SCORE RECOMMENDATION TABLE

**Directions:** Use Total Risk Score, from Section 2, to determine patient recommendations.

RISK SCORE	RECOMMENDATION TO PATIENT
<b>&lt;6</b>	If patient is calling in, instruct patient to stay home and call back if symptoms change. Otherwise, the patient can proceed to their appointment.
<b>7-20</b>	Consult with a Provider to review symptoms and obtain recommendations.
<b>21&gt;</b>	Instruct the patient to go immediately to the Emergency Room.

Assessor Name: \_\_\_\_\_

Date: \_\_\_\_\_