

Health Screening Form

Screener

Date:

Name:

Age:

HMIS #:

In order to make every effort to keep folks healthy and connect people to the care they need, we are asking everyone questions about their health.

1. **Do you think you have a fever? YES / NO**

2. **Do you have a new or worsening cough? YES / NO**

3. **Have you had contact with someone who is sick in the past 14 days? YES / NO**

4. **Do you have new or worsening shortness of breath / difficulty breathing? YES / NO**

5. **Do you have a blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure, or any immunosuppressant condition? YES / NO**

Client Triage Protocol

****Call 911 for all emergencies. If client has a primary care provider, reach out to them directly first.**

1. Do you think you have a fever? YES / NO

If you have access to a thermometer, use that to confirm rather than relying on self-report.
A fever is a temperature over 100.4 degrees.

2. Do you have a new or worsening cough? YES / NO

If YES to questions 1 or 2, client should be ISOLATED. Contact medical provider.

3. Have you had contact with someone who is sick in the past 14 days? YES / NO

If YES to questions 1 or 2, and 3, client should be ISOLATED. Contact medical provider.
If YES to question 3, but NO to question 1 and 2, client should be QUARANTINED.

4. Do you have new or worsening shortness of breath / difficulty breathing? YES / NO

If YES, or appears to be in distress, please call 911.

5. Do you have a blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure, or any immunosuppressed conditions including medication-induced? YES / NO

If YES, but NO to all other questions, client should be in MEDICALLY HIGH RISK SPACE.
If YES and YES to questions 1 and 2 above, client should be ISOLATED. Contact medical provider immediately.

If YES and YES to only question 3 above, client should be QUARANTINED. Contact medical provider.

If NO to all questions, household should be in GENERAL SPACE.

Types of Space	Population
A) Isolation Space	<ul style="list-style-type: none"> - Individuals who are symptomatic per the screener and/or otherwise sick - Triageed by medical professionals and deemed safe to recover in place
B) Quarantine Space	<ul style="list-style-type: none"> - Asymptomatic (not sick) individuals who have come into contact with someone who has tested positive for COVID-19 or presumed to be positive awaiting testing - Individuals must stay 14 days and be monitored for symptoms - Individuals who develop symptoms must be transferred to Isolation Space immediately - If asymptomatic after 14 days, individual can return to either Medically High Risk or General Space, as appropriate
C) Medically High Risk Space	<ul style="list-style-type: none"> - Asymptomatic (not sick) - Medically vulnerable - 60+ - Have not come into contact with anyone who has tested positive for COVID-19
D) General Space	<ul style="list-style-type: none"> - Asymptomatic (not sick) / answer NO to screener to all questions - Are not 60+ in age / medically high risk - Have not come into contact with anyone who has tested positive for COVID-19

Medical Provider Information

	Stamford/Greenwich	Greater Norwalk	Greater Bridgeport	Greater Danbury
Hospital Line	Stamford Hospital Line 203-276-4111 Yale Hotline (Greenwich) 203-688-1700	Nuvance Health Covid Hotline 1-888-667-9262	Yale Hotline 203-688-1700	Nuvance Health Covid Hotline 1-888-667-9262
Health Clinic	Southwest Triage Line 203-330-6000 Optimus Health Center 203-327-5111 Community Health Center (CHC) 203-323-8160	Norwalk Comm Health Triage 203-899-1770	Southwest Triage Line 203-330-6000	Greater Danbury Community Health Center 203-743-0100 Community Health Center, Delay St 203-7978330
Local Backup	Maria Millan 203-977-5676		Dr. Mahfuz Hoq (Bpt Hosp.) 203-257-1804	