

Covid-19 evaluation tool

Date: _____

Patient Name: _____ DOB: _____

- 1. Have you tested positive or are you awaiting test results for COVID-19 (One (1) point for Yes) _____
- 2. Do you have any of the following symptoms now or in the last 48hrs?
 - Fever _____
 - Cough _____
 - Fatigue _____
 - Sputum production _____
 - Severe weakness _____
 - Nasal congestion or runny nose _____
 - Sore throat _____
 - Headache _____
 - Body or joint aches _____
 - Nausea or vomiting _____
 - Diarrhea _____

One point for each symptom

- 3. Is there someone sick with any symptoms listed above who lives with you at home or who is awaiting COVID-19 results or who has tested positive for COVID? _____ Yes or No
- 4. Have you had any of the following problems in the last 48 hrs?
 - Shortness of breath _____
 - Extreme tightness in your chest _____
 - Fast or shallow breathing _____
 - Difficulty speaking due to breathing problems _____

TOTAL POINTS FOR QUESTIONS 1-4 (IF THE PATIENT HAS ANY POINTS ON QUESTIONS 1, 2, 3, AND 4 THEY ARE A POSITIVE SCREEN.

- 5. Do you have any of the following conditions? One point for each problem.
 - Lung problems or respiratory conditions (asthma, emphysema/COPD) _____
 - Heart conditions _____
 - Cancer _____
 - Diabetes _____
 - Any immunocompromising illnesses or medications _____
 - Age 60+ _____

TOTAL POINTS _____

POINTS ABOVE ZERO ARE VUNERABLE TO COMPLICATED COVID-19