**COMMUNICABLE DISEASE SCREENING**

Recommended symptom screening and triage tool for routine service delivery.

This interim guidance has been updated based on currently available information through the CDC about COVID-19

 and Monkeypox and the current situation in the United States. This document will be updated as additional information

 becomes available.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 1. **In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/COVID-19?**
 | YES | NO | DON’T KNOW |
| 1. **Have you had a COVID-19 viral test in the last 10 days?**

|  |  |
| --- | --- |
| [ ] Yes- Positive Result | [ ] Yes- Pending Result |
| [ ] Yes- Negative Result | [ ] No |
| [ ] Unable to assess |  |

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| 1. **Do you have any of the following new or worsening symptoms?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] None of these | [ ] Unable to assess | [ ] Abdominal pain  | [ ] Bruising or bleeding |
| [ ] Chills  | [ ] Cough | [ ] Diarrhea | [ ] Fatigue |
| [ ] Fever | [ ] Joint pain | [ ] Loss of smell | [ ] Loss of taste |
| [ ] Muscle pain | [ ] Rash | [ ] Red eye | [ ] Runny nose |
| [ ] Severe headache | [ ] Shortness of breath | [ ] Sore throat | [ ] Vomiting  |
| [ ] Weakness  | \*\*[ ] Lymphadenopathy (swelling in the groin, neck and under arms) |

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| 1. **Have you traveled internationally or domestically in the last month?**
 |  YES |  NO | DON’T KNOW |
| 1. **In the last 21 days, have you been in contact with someone who was confirmed or suspected to have Monkeypox?**
 |  YES |  NO | DON’T KNOW |