**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.

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| 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 |  | | | | | | | |
| 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) | | | | | | | | | |
| 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 |