COVID-19
Primary Screening Survey

1. Do you have any of the following symptoms?

- Fever
- Cough
- Sore throat
- Shortness of breath
- Wheezing
- Loss of smell or taste
- New onset of diarrhea
- Congestion (stuffy nose)
- Runny nose
- Muscle aches and pains

2. Have you tested positive for COVID-19 in the past 14 days?

- If No to question 1 or 2 --> STOP - No further action required. Patient may wait in the waiting area. Give the patient an ‘I’ve been screened’ sticker.
- If Yes to question 1 or 2 –> Instruct the patient to put on a mask (make sure it covers their mouth and nose) and ask question 3

3. Are you a BMT or Immunotherapy patient?

- If Yes –> ask them to continue onto their appointment for further evaluation by their clinical team
- If No –> escort the patient to the Triage area in the first-floor conference room G1006/1008 for further evaluation by triage team