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

➢ If No symptoms -> **STOP** - No further action required. Patient may wait in the waiting area. Give the patient an ‘I’ve been screened’ sticker.

If Yes, they have symptoms – **Instruct the patient to put on a mask (make sure it covers their mouth and nose)** and ask question 2

2. 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