

COVID-19 Screening Survey (SLU)

1. Do you have any of the following symptoms?

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| <input type="checkbox"/> Fever | <input type="checkbox"/> Loss of smell or taste |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New onset of diarrhea |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Congestion (stuffy nose) |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Muscle aches and pains |
| <input type="checkbox"/> Chest tightness | |

2. Have you tested positive for COVID-19 in the past 30 days?

- **If No to questions 1 and 2 --> All patients require a mask.**
- **If asymptomatic, patient can proceed with their personal mask or be given a procedure mask if they do not have one. Give the patient an 'I've been screened' sticker.**

If Yes to question 1 or 2 --> Instruct the patient to put on a clean procedure mask (make sure it covers their mouth and nose). If patient arrived with their personal mask, instruct them to remove and safely store it.

Ask question 3.

3. Are you a BMT or Immunotherapy patient?

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