



COVID – 19 Screening Tool for Shelters and Service Providers

Name: _____ DOB: _____ Age: _____ Date: _____

New Client Current Client

- Staff member to wear cloth face covering and maintain 6 feet distance from clients.
- If client not wearing a cloth face covering or mask, offer one if available.
(Note: As per the CDC, “do not place masks on young children under the age of 2 years, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”)
- If client is visibly sick/coughing, advise client to keep face covering or mask on, and limit contact with others at the facility, if possible. Remain at least 6 feet in distance from the client.

*Ask client the following questions:

1. Have you been tested for COVID – 19 within the past 21 days?

Yes (if yes, please complete below). No

Location: _____

Results: Negative Positive Still waiting for results

If yes, please have the individual call the MCPH COVID-19 Hotline (980-314-9400 option 2) to speak with a Communicable Disease nurse to verify test and results (unless client presents documentation of negative results). MCPH will provide specific guidance for alternate housing and/or other next steps.

2. Do you have or have you had any of the following symptoms during the past 14 days? Select all that apply.

| | |
|---|--|
| Fever (100.4°F or greater) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Feeling feverish or chills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nausea/vomiting or diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shortness of breath or difficulty breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| New loss of taste or smell | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| New muscle pain/body aches not due to injury or exercise) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If “yes” to **any** symptom:

- Ask the individual to wear a mask or face covering (if available), isolate and limit contact with others at the facility, if possible.
- Ask the individual to call one of the following healthcare systems’ COVID-19 hotline for testing and screening:
 - Novant Health COVID-19 Hotline at 877-499-1697
 - Atrium Health COVID-19 Hotline at 704-468-8888
- If testing is **recommended** by the healthcare provider:
 - Continue to isolate and limit contact with others at the facility, if possible.
 - Follow *Guidance to Shelters Seeking Access to Transportation and the Isolation & Quarantine Hotel for Shelter Residents Due to COVID-19 Testing, Diagnosis, or Known Exposure*



- If testing is **not recommended** by the healthcare provider:
 - Isolate as per routine shelter protocols

3. Have you had known close contact to someone who has or may have COVID – 19 within the past 14 days or been told to self-quarantine or self-isolate for any reason within the past 14 days?

Yes

No

If yes, please have the individual call the MCPH COVID-19 Hotline (980-314-9400 option 2) to speak with a Communicable Disease nurse for further guidance on exposures.

If NO to all of the above: Individual can remain at the shelter or facility.