



COVID-19 Assessment Information
Evaluating Persons with Fever and Acute Respiratory Illness

Obtain a detailed travel history on all patients being evaluated for fever and acute respiratory illness. Use the assessment criteria below to determine if COVID-19 should be included in the differential diagnosis.

Patient Name: _____ DOB: _____

Interview date: _____ Address: _____

Phone: _____

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes.

COVID-19 is a new disease and we are learning more about it every day. Older adults are at higher risk for severe illness from COVID-19

ASSESSMENT CRITERIA	YES	NO	COMMENTS
Did/Does the patient have a fever? (Fever may not be present in some patients, use clinical judgement to guide testing.)			Fever onset date: ____/____/____ Highest measured temperature: _____ <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> Check if SUBJECTIVE fever only
Does the patient have symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)?			Symptom onset date: ____/____/____ <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing Other Symptoms (list): _____ <i>Persistent pain or pressure in chest</i> <i>New confusion</i> <i>Inability to arouse</i> <i>Blue tinged lips or face</i>
Does the patient require hospitalization for severe LRI (e.g., pneumonia, ARDS)?			
Has the patient tested negative for other common respiratory pathogens? (e.g., influenza)?			
In the 14 days before symptom onset, did the patient: i. Have close contact with a lab-confirmed COVID-19 patient?			Dates of contact with COVID-19 lab-confirmed case: ____/____/____ to ____/____/____ Name of COVID-19 lab-confirmed case (if known): _____ Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ Comments: _____
ii. Travel from affected geographic areas*? CDC Coronavirus Travel Information			Dates: ____/____/____ to ____/____/____ Arrival in US: ____/____/____ Locations visited in 14 days before symptom onset: _____
Suspect COVID-19 if you answered YES to • A or B and Ei, OR • A and B and C and Eii, OR • A and B and C and D			*If patient does not meet case definition but there is a high index of clinical suspicion, discuss with your manager for guidance Notification of your County Public Health Department should occur. Notify the Kentucky Department for Public Health (KDPH): 502-564-3261 - During regular business hours (8:00 am – 4:30 pm, M-F), call 502-564-3261 and ask for the Novel Coronavirus Response Team

Resources Used for Development: March 2020 ISDH Home Care Instructions for Novel Coronavirus (COVID-19); [CDC](#) Washington State Department of Health; [February 28, 2020 Kentucky Department for Public Health COVID-19 HEALTH ADVISORY UPDATE](#) <https://govstatus.egov.com/kycovid-19-healthcare-providers-and-laboratory-services>

ASSESSMENT CRITERIA	YES	NO	COMMENTS
Stay home except to get medical care. Do not go to work, school, or public areas, and do not use public transportation, ride-sharing, or taxis.			<p>Those with underlying serious conditions:</p> <ul style="list-style-type: none"> • Wash your hands often. • Avoid close contact (6 feet, which is about two arm lengths) with people who are sick. • Put distance between yourself and other people if COVID-19 is spreading in your community. • Clean and disinfect frequently touched surfaces.
Stay home except to get medical care. Do not go to work, school, or public areas, and do not use public transportation, ride-sharing, or taxis			Separate yourself from other people and animals in your home. As much as possible, stay in a specific room away from other people in your home. If possible, use a separate bathroom. If you must be in the same room as other people, wear a facemask to prevent spreading germs to others.
Call ahead before visiting your doctor and tell them that you have or may have COVID-19 so they can prepare for your visit and take steps to keep other people from being exposed or infected.			Wear a facemask. You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.
Cover coughs and sneezes. To prevent spreading germs to others, when coughing or sneezing cover your mouth and nose with a tissue or your sleeve. Throw used tissues in a lined trash can, and immediately wash hands with soap and water for at least 20 seconds, or use alcohol-based hand sanitizer if soap and water are not available.			You should use soap and water if your hands are visibly dirty Wash your hands often and thoroughly with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water are not available and if hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands. 7. Avoid sharing household items. Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people or pets in your home. These items should be washed thoroughly after use with soap and warm water.
Monitor your symptoms. If illness gets worse (e.g., trouble breathing, pain in chest), get medical care right away.. This will help your provider take steps to keep other people from getting infected. If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for, →			Before you visit a clinic or hospital, call your healthcare provider and tell them that you have, or might have, COVID-19. If possible, put on a facemask before emergency medical services arrive. These recommendations should be followed until your healthcare provider and/or the health department confirm that you do not have COVID-19 or determine that you are no longer contagious.

Clinician Signature with Credentials: _____ Date: _____

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