INSTRUCTIONS
Use this document to screen entering clients. This information is not required to be entered in HMIS.

DATE

CLIENT NAME

HMIS CLIENT ID

SYMPTOMS
Does the client have the following signs and symptoms? Check all that apply. If client is not symptomatic, continue to Screener Name.

- Fever
- Cough
- Sore Throat
- Shortness of Breath

SYMPTOM ONSET
If the client is symptomatic, answer the Symptom Onset questions below. If client is not symptomatic, continue to Screener Name.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 14 days, has the client had close contact with a person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who is under investigation for COVID-19 while that person was ill?</td>
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<td></td>
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</tr>
<tr>
<td>In the past 14 days, has the client had close contact with a laboratory-confirmed COVID-19 patient while that case was ill?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCREENER NAME

SCREENER SIGNATURE

DATE

NOTES