



**Daily COVID-19 Pre-Hospital Practitioner Screening Tool**  
**Updated May 10, 2020**

Date of Screening: \_\_\_\_\_ Time of Screening: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

EMS Agency: \_\_\_\_\_

Do you have NEW ONSET of **any** of the following symptoms?

	Yes	No
Fever (temperature of 100° F or higher)		
Cough		
Shortness of breath		
Difficulty breathing		
Muscle pain		
Chills		
Runny nose or stuffy nose		
Sore throat		
Headache		
Nausea or vomiting		
Diarrhea		
Fatigue		
Recent loss of taste or smell		
Poor feeding or poor appetite (infants and children)		
Exposure to an individual with, or under investigation for, COVID-19?		

AM temperature: \_\_\_\_\_ Time: \_\_\_\_\_

Repeat (if indicated): \_\_\_\_\_ Time: \_\_\_\_\_

PM temperature: \_\_\_\_\_ Time: \_\_\_\_\_

Repeat (if indicated): \_\_\_\_\_ Time: \_\_\_\_\_

Notes:

Supervisor signature: \_\_\_\_\_

Cleared to work/provide patient care/enter facilities: Yes

No