Screening Tool for 2019-nCoV

Date (dd/mm/yyyy): ____________________________________________
Name and organization: __________________________________________
Phone number: ________________________________________________

**Patient travel history** (dates/locations/modes of travel) (if applicable):
Please provide as much detail as possible.

<table>
<thead>
<tr>
<th>Travel Dates</th>
<th>Travel Location</th>
<th>Additional Detail (Modes of Travel, Etc.)</th>
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**Patient information**
Name: ____________________________________________ DOB (dd/mm/yyyy): ____________________________
Phone number: ____________________________________________ Age: ____________________________
Address: ____________________________________________ Gender: ____________________________

**Symptoms:** Date of first symptom ONSET (dd/mm/yyyy): ____________________________________________

- [ ] Fever (≥38°C)
- [ ] Feverish (temp. not taken)
- [ ] Cough
- [ ] Shortness of breath/difficulty breathing
- [ ] Sore throat

- [ ] Malaise/chills
- [ ] Myalgia/muscle pain
- [ ] Arthralgia/joint pain
- [ ] Sputum production
- [ ] Chest pain

- [ ] Other, please specify: ____________________________________________

Underlying Medical Conditions: Yes___ No____
Hospitalized? Yes___ No____ If yes, where (hospital, unit, room) and when: ____________________________
If the case was not hospitalized, were they sent home and advised to self-isolate? Yes___ No____
Isolated in hospital (airborne/droplet/contact): Yes___ No____
Was COVID-19 swab obtained? Yes___ No____ Results: ____________________________
Has the patient been discharged? Yes___ No____ Discharge date: ____________________________
Is the patient deceased? Yes___ No____ Date of death: ____________________________

Please fax to Wellington-Dufferin-Guelph Public Health at 1-855-934-5463