

## COVID-19 Screening Questions for Medical Staff Assisting People Experiencing Homelessness

COVID-19 screening for patients who are homeless, including an examination of other underlying medical conditions and behavioral health needs, is necessary to confirm COVID-19 symptoms and determine next step referral. Screening must be completed by medical staff qualified to complete a COVID-19 medical evaluation and presumptive or final diagnosis.

Patient Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

1. Has patient been diagnosed with COVID-19 within the past 14 days?  
 Yes  No
  
2. Has patient been tested for COVID-19 within the past 14 days and is awaiting test results?  
 Yes  No
  
3. Does patient have any of the following mild-to-moderate symptoms:
  - Fever (100.4°F or higher)?  Yes  No
  - Cough that developed in the last 14 days?  Yes  No
  - Shortness of breath?  Yes  No
  
4. In the past 14 days, has patient had **close contact\*** with a person who has tested positive for COVID-19, is being tested for COVID-19, or has exhibited the symptoms mentioned above while that person was ill? (close contact includes: living in same household, caring for, or being within 6 feet of for about 10 minutes or more.)  
 Yes  No

**\*CLOSE CONTACT includes:**

- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.)

5. Does patient have any of the following physical characteristics:  
 Over 60 years old  
 Serious underlying medical conditions (chronic or acute)  
 Pregnant

6. Does client have any of the following behavioral health characteristics:

\_\_\_ Severe Mental Illness

If checked, does the person appear to be managing their symptoms? \_\_\_ Yes \_\_\_ No

If No, describe:

If in treatment, who is the provider? \_\_\_\_\_

\_\_\_ Substance Use Disorder

If checked, what substance(s) is the person regularly using?

If in treatment, who is the provider? \_\_\_\_\_

Does patient take any prescription medications? \_\_\_ Yes \_\_\_ No

Does patient have 14 day supply of any prescription or other substances needed if placed in isolation or quarantine? \_\_\_ Yes \_\_\_ No

7. In your medical judgement, could patient manage isolation or quarantine for a period of 14 days, not leaving their room at any time and with only minimal medical or behavioral health supports?  
\_\_\_ Yes \_\_\_ No

What supports might be necessary to enable patient to manage quarantine or isolation for a period of 14 days?

8. Does patient give verbal or written consent for medical provider to contact the Homeless Hotline on their behalf to share screening results above and any other information necessary to determine next step referral and placement?  
\_\_\_ Yes \_\_\_ No

**Qualified Medical Staff Who Completed Patient Evaluation & Credentials:**

**Name:** \_\_\_\_\_ **Credential(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_