

## NIGHT OF ARRIVAL SCREENING WORKSHEET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Division: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY RECRUIT:

#### RISK FACTORS:

1. In the past 21 days have you lived in or traveled outside the United States?

a. If yes, location: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Yes  No

2. In the past 21 days have you been in direct contact (touching or living) with anyone sick with (or died from) known infectious disease (such as Ebola, novel Coronavirus (COVID-19))?

Yes  No

### CLINICAL SYMPTOMS

1. Do you CURRENTLY have any of the below symptoms? *Mark all that apply.*

Yes  No

Fever (either feeling feverish or with temperature at or above 100.4 degrees F)

#### Symptoms

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Severe headache | <input type="checkbox"/> Vomiting       | <input type="checkbox"/> Frequent or unusual bleeding |
| <input type="checkbox"/> Cough           | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Dark or bloody stool         |
| <input type="checkbox"/> Body aches      | <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Trouble breathing            |

### TO BE COMPLETED BY STAFF:

#### RISK CATEGORY

<input type="checkbox"/> Low risk	<p><i>Individual answered only no to all questions and is AFEBRILE.</i></p> <ul style="list-style-type: none"> <li>▪ No further action warranted.</li> <li>▪ No restrictions to training.</li> </ul>
<input type="checkbox"/> Moderate risk	<p><i>Individual answered yes to questions 1 or 2 but has NO symptoms and is AFEBRILE.</i></p> <ul style="list-style-type: none"> <li>▪ Contact Preventive Medicine Duty phone at 224-235-1928</li> </ul>
<input type="checkbox"/> High risk	<p><i>Individual answered yes to any risk factor AND has clinical symptoms or a fever.</i></p> <ul style="list-style-type: none"> <li>• Patient is considered a Person Under Investigation</li> <li>• Institute immediate droplet and contact infection control precautions and isolate patient</li> <li>• Contact Preventive Medicine Duty phone at 224-235-1928</li> <li>• Arrange for transport to FHCC ED via isolation ambulance OR back of duty van with mask</li> </ul>

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Enclosure ( )