

*Exposures: In last 2 weeks:*

- Have close (< 6 ft) or prolonged contact with someone suspected or confirmed COVID-19?
- Live in / visit a place where COVID-19 spreading?

*Symptoms:*

- Fever (subjective or measured?)
- Shortness of breath
- Cough
- Runny or stuffy nose
- Sore throat
- Muscle, body aches, or headaches
- Fatigue
- Nausea, vomiting or diarrhea
- Loss of taste or smell

*Special Circumstances:*

- Live or care for someone in nursing home or long-term care facility?
- Healthcare personnel exposed to suspected or confirmed C-19 patients? Did you use appropriate PPE?

For positive responses, please follow previous guidance to provide face mask to patient, notify the provider, advise patient to return to their car or wait in isolation area, and await further instructions.