MUNSON HEALTHCARE

Form #12257 (03/20)

12257

COVID-19 TRIAGE SCREEN

	YES	NO
Are you having symptoms of fever, dry cough, and/or shortness of breath?		
Have you traveled outside the US in the last 30 days?		
If yes, include date and countries visited:		
Have you had close contact with a person known to have COVID-19?		
SIGNATURE	**DATE**	**TIME**

PATIENT ID LABEL

COVID-19 TRIAGE SCREEN