PSO-HNS COVID-19 ADVISORY

COVID-19 SCREENING & TRIAGING TOOL

FOR USE IN THE OUTPATIENT CLINIC

MAY 3, 2020

Name:	Age/Sex:	Date:
Address:		Phone:
Guardian/Accompanying Person:	Relationship to Patient:	

We would like to ask for your cooperation to fill up this form truthfully.

Questions: Please place a check (✓) in the appropriate column	**Yes**	**No**
1. In the past 14 days, do you have or have had any of the following symptoms?		
Fever (temp >38^{0}C)		
Cough		
New onset or worsening shortness of breath		
Cold (nasal congestion/discharge)		
Sore throat		
Body ache/muscle pain		
Headache		
Fatigue		
Diarrhea		
New onset loss or decreased sense of smell and/or taste		
2. In the past 14 days, did you have close contact with any COVID-19 positive/suspected/probable cases or people with the previously mentioned symptoms, while not wearing proper protective equipment (ex. face mask)?		
3. In the past 14 days, did you travel to or reside in a country with community transmission (e.g. USA, Italy, Germany, Iran, Indonesia) or in local hot zones/areas under enhanced community quarantine (e.g. Metro Manila, Central Luzon, CALABARZON) *refer to the following websites for updates on community transmission: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/; https://ncovtracker.doh.gov.ph/		
Patient's/Guardian's/Accompanying Person's Signature:		

- If the answer is YES to ANY of the questions, refer to the nearest COVID-19 testing facility for further screening, possible testing and appropriate management. Consider offering telemedicine for other ENT concerns.

LET'S BEAT COVID-19 TOGETHER!
#OnePSOHNS