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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Calling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or a family member travelled internationally in the past 14 days or been in contact with anyone who has?
   * Yes
   * No
2. Have you had fever, cough or shortness of breath AND been in close contact with a laboratory confirmed coronavirus patient?
   * Yes
   * No
3. Have you had a fever, cough or shortness of breath AND travelled to a designated high-risk state, China, Hong Kong, Iran, Italy, Japan or South Korea?
   * Yes
   * No
4. Have you had any of the following symptoms in the last 14days: fever, cough, shortness of breath, difficulty breathing, chills?
   * Yes
   * No

Information about how to triage patients: See the Standard Plan of Care Template by visiting: <https://ncpa.org/coronavirus-information>

CDC Travel Restrictions or High Risk Areas: Updates can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>