

COVID-19 Screening Guidance

Demographics:

Name (last, first): _____

Address: _____ City/State/Zip: _____

Primary Contact Phone: _____ Secondary Contact Phone: _____

Birth date ____/____/____ Age: _____ Sex: ☐ Male ☐ Female ☐ Unknown

Race: ☐ Asian ☐ Black ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Unknown
☐ Other: _____

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic or Latino ☐ Not Specified

Patient Screening

1. Do you have any of the following symptoms (high risk)?

New cough: ☐ Yes ☐ No

Difficulty Breathing: ☐ Yes ☐ No

Loss of taste/smell: ☐ Yes ☐ No

Fever ≥ 100.4 °F: _____ Recorded temperature: _____ °F ☐ Yes ☐ No

2. Do you have any of the following symptoms (moderate risk)?

Congestion/Runny nose: ☐ Yes ☐ No

Nausea/vomiting/Diarrhea ☐ Yes ☐ No

Headache ☐ Yes ☐ No

Sore Throat ☐ Yes ☐ No

Muscle/Body Aches ☐ Yes ☐ No

Loss or Taste or Smell ☐ Yes ☐ No

3.. Have you been in close contact with someone confirmed to have or being evaluated for COVID-19? ☐ Yes ☐ No

If patient screens into COVID-19 protocol, screener must receive consent to gather information for contact tracing. Does patient (or parent/guardian) consent to sharing information to aid in the contact tracing process to prevent further transmission of COVID-19?

☐ Yes ☐ No

This tool does not supersede clinical judgement. Please provide a copy of this form to parent/guardian of student. If patient screens into the COVID-19 protocol, email a copy of this form to epi.surveillance@rileycountyks.gov

INTERNAL USE ONLY TO GUIDE RECOMMENDATION FOR FURTHER EVALUATION

If it is determined that the patient needs further evaluation for COVID-19, this does not guarantee a test will be performed when visiting a healthcare facility. The healthcare facility will perform a medical evaluation.

If patient answers ‘No’ to questions #1, #2, and #3: No further action related to COVID-19 is necessary; proceed as clinically indicated per school policy and illness guidelines

If patient answers ‘Yes’ to question 1, only: Patient screens into COVID-19 protocol. Parent/guardian should be called to pick up child, and provided a copy of the form with instructions to contact the child’s primary care physician.

If patient answers ‘Yes’ to questions #1, and #2 or 3: (this includes “yes” to 1 and 2; 1 and 3; 2 and 3; 1,2,3). Patient screens into COVID-19 protocol. Parent/guardian will be called to pick up child, and provided a copy of the form with instructions to contact the child’s primary care physician.

If patient answers ‘Yes’ to ONLY Question #2 with two or more symptoms: The School Nurse will use professional judgement when treating student or staff and assessing symptoms and protocol. All delegated staff will collaborate with school nurse on call and recheck student as needed. If symptoms persist within 2 hours, Parent/guardian will be notified, and student sent home with instructions for follow-up with health care provider. Same guidelines for returning will be followed as listed below.

If patient answers ‘Yes’ to question 3 only: Patient will quarantine and self-monitor for 14 days and practice social distancing. If symptoms develop within the 14- day period, contact your health care provider.

If staff is screened, the same recommendations will be followed.

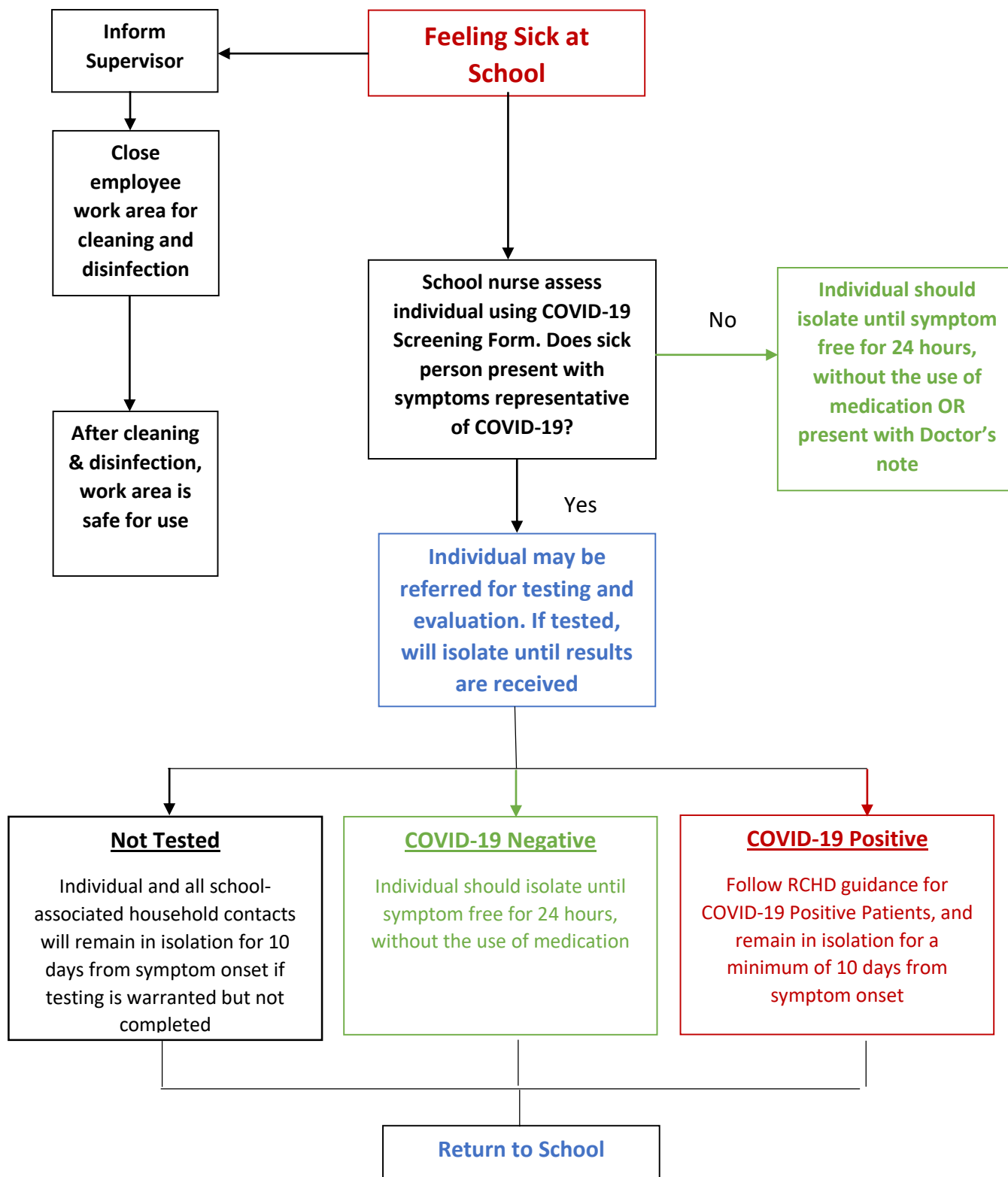
If patient receives alternate diagnosis after evaluation by primary care provider:

- Return to school 24 hours after resolution of fever or other symptoms. If absence is longer than 3 days, due to alternate, non-COVID-19 diagnosis, a doctor’s note is required
- If provider determines COVID-19 testing is warranted, the patient will remain in isolation until results are received. If patient is not tested when testing is warranted, patient and school-associated household contacts will remain out of school for 10 days
- If negative, return to school as clinically indicated. A doctor’s note is preferred.
- If COVID-19 positive: patient will follow RCHD COVID-19 isolation requirements; household contacts will fall under RCHD household contacts protocol and quarantine requirements

If student or staff does not have a medical home, the following can be contacted:

- **K-STAT: 785-565-0016**
- **Konza COVID: 785-320-7134**

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