San Joaquin County Public Health Services
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COVID-19 Outpatient Screening

Patient Contact Information

Patient Name - Last Name: _____ First Name: _____ Date of birth (MM/DD/YYYY): ____/_____/_____

Address: _____

City: _____ State:____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Medical Provider

Name of Provider: _____

Facility Name: _____

Telephone: _____ Fax: _____

Patient Information

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
- ☐ Travel to Wuhan
- ☐ Travel to Hubei
- ☐ Travel to mainland China
- ☐ Travel to other non-US country specify: _____

If patient traveled, date of return to U.S. (MM/DD/YYYY): ____/_____/_____

- ☐ Household contact with another lab-confirmed COVID-19 case patient
- ☐ Community contact with another lab-confirmed COVID-19 case-patient
- ☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
  - ☐ Patient ☐ Visitor ☐ HCW
- ☐ Animal exposure
- ☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
- ☐ Other, specify:_____
- ☐ Unknown

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY): ____/_____/_____
- ☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY): ____/_____/_____
- ☐ Still symptomatic ☐ Unknown symptom status
- ☐ Symptoms resolved, unknown date

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

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Patient Name - Last Name: _____ First Name: _____ Date of birth (MM/DD/YYYY): ____/_____/_____

Does the patient have pneumonia? ☐ Yes ☐ Unknown ☐ No Does the patient have an abnormal chest X-ray? ☐ Yes ☐ Unknown ☐ No Does the patient have acute respiratory distress syndrome? ☐ Yes ☐ Unknown ☐ No	Is the patient being hospitalized? ☐ Yes ☐ No ☐ Unknown If yes, admission date ___/___/___ (MM/DD/YYYY) Was the patient tested for other diagnosis/etiology for their illness? ☐ Yes ☐ Unknown ☐ No If yes, provide results in "Respiratory Diagnostic Testing " table below

Pre-existing medical conditions?

Chronic Lung Disease (asthma/emphysema/COPD)	☐ Yes	☐ No	☐ Unknown	
Diabetes Mellitus	☐ Yes	☐ No	☐ Unknown	
Cardiovascular disease	☐ Yes	☐ No	☐ Unknown	
Chronic Renal disease	☐ Yes	☐ No	☐ Unknown	
Chronic Liver disease	☐ Yes	☐ No	☐ Unknown	
Immunocompromised Condition	☐ Yes	☐ No	☐ Unknown	
Neurologic/neurodevelopmental	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____
Other chronic diseases	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____
If female, currently pregnant	☐ Yes	☐ No	☐ Unknown	
Current smoker	☐ Yes	☐ No	☐ Unknown	
Former smoker	☐ Yes	☐ No	☐ Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Call Public Health Services Disease Control and Prevention at (209) 468-3822.
Fax: (209) 468-8222.