

## COVID – 19 Screening Tool for Homeless Shelters and Service Providers

Name:	DOB/Age:	Date:
	🗆 New Client	Current Client
*Staff ı	member should remain at least 6 feet from	client
	nt is visibly sick/coughing, ask the -individu le, please remain 6 feet in distance from th	al to put on a mask, if available. If a mask is not ne client.
*Ask cl	ient the following questions:	
1.	Have you been tested for COVID – 19? If  Yes Location:	□ No
	If yes, please have the individual call the MCPH COVID-19 Hotline (980-314-9400 option 1) to speak with a Communicable Disease nurse to verify test. If the test has been verified, MCPH we provide specific guidance for next steps and housing.	
2.	Have you had known close contact to an Yes	individual who has been diagnosed with COVID –
	If yes, please have the individual call the MCPH COVID-19 Hotline (980-314-9400 option 1) to speak with a Communicable Disease nurse for guidance on exposures.	
3.	Are you currently experiencing any of th <ul> <li>Fever</li> <li>Difficulty Breathing</li> <li>Cough</li> </ul>	e following symptoms? (check all that apply)
	If yes:	
	<ul> <li>Ask the individual to wear a dispo</li> </ul>	osable mask, isolate and limit contact with others at

- facility, if possible
  Ask the individual to call one of the following healthcare system's COVID-19 hotline for testing and screening:
  - Novant Health COVID-19 Hotline at 877-499-1697
  - Atrium Health COVID-19 Hotline at 866-462-3821

If no to all of the above: Individual can remain at the shelter or facility.