GREATER PORTLAND HEALTH
CARING FOR THE WHOLE COMMUNITY

COVID-19 Screening Questions and Guidance

Patient Name: _____

Patient Date of Birth: _____

1.)	Do you currently have a fever above 100.4?	YES	or	NO
2.)	Do you currently have chills?	YES	or	NO
3.)	Do you currently have repeated shaking with chills?	YES	or	NO
4.)	Do you currently have new muscle pain?	YES	or	NO
5.)	Do you currently have a new headache?	YES	or	NO
6.)	Do you currently have a new cough?	YES	or	NO
7.)	Do you currently have shortness of breath?	YES	or	NO
8.)	Do you currently have a new or sudden loss of taste/smell?	YES	or	NO
9.)	Do you currently have a sore throat?	YES	or	NO
10.)	Do you have any gastrointestinal symptoms like nausea, vomiting, or diarrhea?	YES	or	NO
11.)	Are you living in a group setting (group home, assisted living or shelter)	YES	or	NO
12.)	Check the contagion field in NextGen – does patient have active or presumed COVID-19?	YES	or	NO

Asymptomatic question (only need to ask if not symptomatic):

13.) Have you had close contact with someone who has tested positive for COVID 19 (i.e. being in an enclosed space with a known positive) without wearing a mask? YES or NO
If Yes, when___/___/____

14.)	Do you not have symptoms but have been asked to be tested by the Maine CDC?	YES	or	NO