

EIDS Field Screening Tool v6

**Lab Confirmed Covid-19 or PHI patient**

Tier 1: Yes  
to one of  
these

**Fever (>100.4)**

**Taken an antipyretic within the last 6 hours**

Tier 2: Yes to 2  
or more of  
these

Cough (new onset or worsening of chronic cough)

Shortness of breath (dyspnea)

Chills

Muscle aches

Travel area of known COVID cases

Contact with a lab confirmed COVID-19 patient

**If fever or meds is Yes and any other item is Yes don all PPE POSITIVE Field Scree**

**If No to all questions or fever is Yes and all others No then NEGATIVE Field Screen**

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<b>Yes</b>	<b>No</b>
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<b>Yes</b>	<b>No</b>
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<b>Yes</b>	<b>No</b>
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Yes	No
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Yes	No
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Yes	No
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Yes	No
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Yes	No
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Yes	No
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