



HMIS COVID-19 SCREENING TOOL

Community Alliance for the Homeless | HMIS | Memphis, TN 38112 | Phone: 901.527.1302

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

Client Name _____ Social Security _____

Assessment Date _____

Current Temperature _____

DATA QUALITY	NO	YES
Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>
Are you feeling feverish?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty breathing (Worse than usual)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been exposed to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

Did you test positive for COVID-19? Yes No Waiting for results

DO YOU HAVE ANY OF THE FOLLOWING HEALTH CONDITIONS? PLEASE SELECT ALL THAT APPLY.

DATA QUALITY	NO	YES
Chronic lung disease or moderate to severe asthma	<input type="checkbox"/>	<input type="checkbox"/>
Serious Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Immunocompromised (including cancer treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Severe Obesity (BMI>40%)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Chronic kidney disease undergoing dialysis	<input type="checkbox"/>	<input type="checkbox"/>
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>

Do you need non-congregate shelter as a social distancing measure? Yes No