

# Aerosol Transmissible Disease Screening Questionnaire

**Please fill out and return the below questionnaire to the front receptionist:**

Today's Date \_\_\_\_\_ Patient's Name \_\_\_\_\_

Patient's Telephone Number \_\_\_\_\_ Patient's temperature? \_\_\_\_\_ °F

1. Have you been exposed to anyone with Corona Virus (COVID 19)? \_\_\_ Yes, \_\_\_ No
2. Do you have a fever? \_\_\_ Yes, \_\_\_ No, (if above 100.4° F, you must seek medical attention immediately)
3. Have you had a cough for more than three weeks that is not explained by noninfectious conditions? \_\_\_ Yes, \_\_\_ No
4. Have you had coughing fits that interfere with eating, drinking, or breathing? \_\_\_ Yes, \_\_\_ No
5. In addition to cough, have you experienced: \_\_\_ unexplained weight loss (more than 5 pounds), \_\_\_ night sweats, \_\_\_ chronic fatigue or malaise \_\_\_ coughing up blood
6. Have you experienced: \_\_\_ Headache, \_\_\_ muscle aches, \_\_\_ Tiredness, \_\_\_ poor appetite followed by painful, swollen salivary glands on one or both sides of the face under jaw? \_\_\_ Yes, \_\_\_ No
7. Have you experienced shortness of breath? \_\_\_ Yes, \_\_\_ No
8. Have you had \_\_\_ stiff neck, \_\_\_ chills, \_\_\_ runny nose, or \_\_\_ watery eyes associated with the onset of an unexplained rash (diffuse rash or blister type skin rash), or mental status changes? \_\_\_ Yes, \_\_\_ No
9. Do you show signs and symptoms of a flu like illness during March through October (the months outside of the typical period of influenza in the United States)? \_\_\_ Yes, \_\_\_ No
10. Do you show the signs and symptoms of flu for longer than two weeks at any time during the year? \_\_\_ Yes, \_\_\_ No  
These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle ache, weakness and malaise. \_\_\_ Yes, \_\_\_ No
11. Have you been exposed to anyone with an infectious aerosol transmissible illness (see below list of such illnesses) other than seasonal influenza? \_\_\_ Yes, \_\_\_ No

Please check (✓) any of the following ATDs that you have been diagnosed within the past 6 months:

✓	ATDs	How long ago?
	COVID-19 (Corona Virus)	
	Scarlet fever	
	Avian flu	
	novel flu	
	swine flu	
	Chickenpox	
	Shingles	
	Measles	
	Monkeypox	
	Severe Acute Respiratory Syndrome (SARS)	
	Strep	

✓	ATDs	How long ago?
	Smallpox	
	Hemophilus Influenzae type "B" or "HIB"	
	Pneumonia	
	Parvovirus	
	Pertussis (whooping cough)	
	Tuberculosis (TB)	
	Diphtheria	
	Meningitis	
	Mumps	
	Pharyngitis	
	Epstein Barr virus	

### Additional Screening Criteria

A person, a person, who has had a cough for more than three weeks and has one of the other symptoms, is considered for immediate referral to a healthcare specialist for further evaluation and treatment, unless that person is already under treatment. A person with any of the above symptoms, if there is no alternative explanation, is also considered for referral.

In addition to TB, other vaccine preventable Aerosol Transmissible Diseases, including Pertussis, Measles, Mumps, Rubella ("German Measles") and chickenpox should be considered when non-medical personnel screen individuals in non-healthcare facilities.

The following is a brief list of some findings that also prompt consideration for referral to a healthcare provider for further evaluation and treatment when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking, and breathing
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful/swollen salivary glands, on one side or both sides of face under the jaw
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister type skin rash)
- Fever, headache, stiff snake, possibly mental status changes

Any client or patient who exhibits any of the above described findings and reports contact with individuals known to have any obvious transmissible illnesses in the past 2 to 4 weeks will be considered for referral for prompt evaluation and treatment by healthcare provider. Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people will be referred to medical providers as recommended by the applicable health officer. This facilities' employees receive training in the above screening procedures upon hire and prior to being placed into positions of patient care. A sign-in form is used to record the delivery of this training and a copy of this form is maintained at least three years in the employees personnel file.