

Modification of Form Approved: OMB: 0920-XXXX Exp. XX/XX/XXXX

SARS-COV2 Homeless Shelter Intake Form

Interviewer Name	Location
Participant UNIQUE ID:	_Date
Thermometer reading°F°F	
Demographic information	
Date of birth (MM/DD/YYYY): / /	Ethnicity: Hispanic/Latino Not Hispanic/Latino
Race: White Black/African American	n 🔄 Asian 🔄 American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander	
Sex: Male Female	Status: Client Staff Other Unknown

Symptoms

Symptom	Symptom Present in the last day?	Symptom Present in the last week?	Duration (days)
Fever >100.4F (38C)	Yes No Unk	Yes No Unk	
Subjective fever (felt feverish, warm, chills)	Yes No Unk	Yes No Unk	
Cough (new onset or worsening/change in cough)	Yes No Unk	Yes No Unk	
Shortness of breath	Yes No Unk	Yes No Unk	
Loss of smell	Yes No Unk	Yes No Unk	
Loss of taste	Yes No Unk	Yes No Unk	
Nausea	Yes No Unk	Yes No Unk	
Vomiting	Yes No Unk	Yes No Unk	
Diarrhea (≥3 loose/looser than normal stools/24hr)	Yes No Unk	Yes No Unk	

Medical History

Yes			
103	No	Unk	Specify:
Yes	No	Unk	Pack/year/hx: Past Smoker:
Yes	No	Unk	Specify: Type I or Type II
Yes	No	Unk	Specify:
Yes	No	Unk	Specify:
Yes	No	Unk	Specify:
Yes	No	Unk	Specify:
Yes	No	Unk	Specify:
Yes	No	Unk	Specify:
	Yes Yes Yes Yes Yes Yes Yes Yes	Yes No	Yes No Unk Yes No Unk

Thank you very much for your time. If you have any questions please feel free to contact the CDC at 770-488-7100 or eocreport@cdc.gov

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Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).