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**_____

## Demographic information

| | |
|---|---|
| **Date of birth (MM/DD/YYYY):**_____/___/_____ | **Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino |
| **Race:** ☐ White ☐ Black/African American ☐ 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

| | | | | |
|---|---|---|---|---|
| Pregnant | ☐Yes | ☐No | ☐Unk | # of weeks or due date: |
| Chronic lung disease | ☐Yes | ☐No | ☐Unk | Specify: |
| Current smoker | ☐Yes | ☐No | ☐Unk | Pack/year/hx: Past Smoker: ☐ |
| Diabetes mellitus | ☐Yes | ☐No | ☐Unk | Specify: Type I or Type II |
| Cardiovascular dz (incl hypertension) | ☐Yes | ☐No | ☐Unk | Specify: |
| Renal disease | ☐Yes | ☐No | ☐Unk | Specify: |
| Liver disease | ☐Yes | ☐No | ☐Unk | Specify: |
| Immunocompromised condition | ☐Yes | ☐No | ☐Unk | Specify: |
| Neuro/neurodevelopmental disorder | ☐Yes | ☐No | ☐Unk | Specify: |
| Other chronic diseases | ☐Yes | ☐No | ☐Unk | Specify: |

**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**