

Figure 2: Patient screening for COVID-19

1. Do you or any member of your household have COVID-19 or are you waiting for a COVID-19 PCR test result? (not a routine surveillance test result)
2. Are you required to self-isolate (including arrival from overseas)?
3. Do you have ANY of the following symptoms now, or in the last 14 days?
  - Fever, acute cough or shortness of breath
  - Muscle aches, loss of smell, sore throat
  - Generally feeling unwell with no other likely diagnosis
4. Do you have any other reason to think that you are at risk of having COVID-19?

NO to ALL

Low risk

YES to ANY

High risk