



**Health & Family Welfare Department, Government of Tamil Nadu**

**FORM 1**

**SCREENING AND TRIAGE FOR COVID-19**

1.	H/o Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Any one of the following: a) H/o Cough b) H/o difficulty in breathing c) Or any <b>signs</b> of respiratory disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Any one of the following: a) H/o Travel to or residence in a country/ area or territory reporting local transmission in the last 14 days prior to onset of symptoms b) H/o contact with COVID-19 confirmed case in the last 14 days prior to onset of symptoms c) Severe Acute Respiratory Infection (SARI) <b>AND</b> requiring hospitalization <b>AND</b> with no other etiology that fully explains the clinical presentation (including health care provider)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If answers to **all (1,2 and 3) questions are YES**, consider the patient as **SUSPECT for COVID-19**

- **Report** to 24x7 control room with case details.
- **Refer** to designated hospital through dedicated ambulance arranged by Government authority.

If **1 or 2 or both is YES**, consider the patient as **Acute Respiratory Infection and follow the existing protocol.**

If **only 3 is YES** immediately contact to 24x7 Control room.