

SARS SCREENING FORM
Use ONLY IF NO SARS ACTIVITY WORLDWIDE

State ID Number (if any):				
1. Today's Date:	___ / ___ / ___ mm dd yyyy			
2. Reporter:	Last Name:	First Name:		
Hospital or Clinic or LHD Name:				
Phone: ()	Pager: ()	Other: ()		
3. Patient Information	Last Name:	First Name:		
City of Residence:	State of Residence:			
Screening Criteria				
4. CXR-confirmed pneumonia or acute respiratory distress syndrome (ARDS) of unknown etiology warranting hospitalization <input type="checkbox"/> Yes (If no, do not complete form)				
5. Do you have a history of recent travel (within 10 days) to a previously SARS-affected area or close contact with ill person(s) who have traveled to these areas? If yes, area of travel:				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> a. Travel Area A: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mainland China <input type="checkbox"/> Hong Kong <input type="checkbox"/> Taiwan If yes, was the ill traveler: <input type="checkbox"/> Self <input type="checkbox"/> Close contact If recent travel, did you have contact with a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If recent travel, did you have close contact with a person who was hospitalized with a respiratory illness? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%; vertical-align: top;"> b. Travel Area B: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Singapore <input type="checkbox"/> Hanoi, Vietnam <input type="checkbox"/> Toronto, Canada If yes, was the ill traveler: <input type="checkbox"/> Self <input type="checkbox"/> Close contact If recent travel, did you have contact with a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If recent travel, did you have close contact with a person who was hospitalized with a respiratory illness? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>			a. Travel Area A: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mainland China <input type="checkbox"/> Hong Kong <input type="checkbox"/> Taiwan If yes, was the ill traveler: <input type="checkbox"/> Self <input type="checkbox"/> Close contact If recent travel, did you have contact with a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If recent travel, did you have close contact with a person who was hospitalized with a respiratory illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Travel Area B: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Singapore <input type="checkbox"/> Hanoi, Vietnam <input type="checkbox"/> Toronto, Canada If yes, was the ill traveler: <input type="checkbox"/> Self <input type="checkbox"/> Close contact If recent travel, did you have contact with a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If recent travel, did you have close contact with a person who was hospitalized with a respiratory illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Returned to U.S. ___/___/___ mm dd yyyy				
6. Are you employed in an occupation associated with a risk of SARS-CoV exposure (e.g., a health care worker with direct patient contact or a worker in a laboratory that contains live SARS Co-V)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Do you have close contacts who have been told they have pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. If "yes" to questions 4 and at least one of 5a, 6, or 7 complete the SARS case intake report form. Patients who answer "yes" to questions 4 and 5b only need to be reported if, while traveling, were exposed to a healthcare setting or had a close contact who was hospitalized.				

