



**COVID-19 PRIMARY ASSESSMENT CHART  
NOVA SCOTIA PUBLIC HEALTH DIRECTED IN HOME TESTING (Version1. 2020Apr25)**

Preferred patient contact #: \_\_\_\_\_ Alternate contact #: \_\_\_\_\_  
Email: \_\_\_\_\_

<b>Swab Regardless of Symptom Criteria</b>
<b>Check any boxes that apply:</b>
<p><b>Symptom Criteria:</b></p> <p><input type="checkbox"/> Measured temperature (at home or within clinical setting) of greater than 38.0° C</p> <p><input type="checkbox"/> History of new or worsening cough</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Headache</p>
<p><b>Inquire and document the following Exposure Criteria:</b></p> <p><input type="checkbox"/> Travel outside of Nova Scotia within the past 14 days. Location: _____</p> <p><input type="checkbox"/> Contact with a known or suspected case (symptomatic person) within the past 14 days (includes a person with symptoms who has travelled outside Nova Scotia in the past 14 days).</p>

**Check all that apply:**

- Swab collected
- Written instructions provided to patient as above
- Discussed options for support
- Further assessment required
- Patient directed to call Primary Care Provider    Call 811    Call 911

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (YYYY/MON/DD)**

\_\_\_\_\_  
**Time**

