

## Vail Initial Screening for all patients:

1. Do you or anyone on scene have: cough, fever, sore throat, difficulty breathing, new or severe headache, new loss of taste or smell, new fatigue, and/or muscle or body aches, vomiting or diarrhea - with any of the symptoms not due to a known health condition?
2. Have you or anyone on scene tested positive for COVID-19 in the past 10 days?
3. Have you or anyone on scene had contact with a confirmed or possible case of COVID-19 within the last 14 days?

If Yes to any question, mark CR High on 1050 card, notify hill leader.