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MINISTRY OF HEALTH - ETHIOPIA  
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## Pre-triage format for COVID-19 infection

<b>Name of the patient</b>			
<b>Date</b>	<b>Time</b>	<b>Age</b>	<b>Sex Male Female</b>
<b>COVID-19 specific</b>			
<b>Does the client have COVID-19 defining illness?</b>	Yes		No
	A Fever,		
	B Cough		
C SOB			
<b>Does the patient have travel history to COVID-19 affected country</b>	Yes		No
<b>Close contact with a confirmed or individual with</b>  <b>Cough,</b>  <b>Fast breathing</b>  <b>Sore throat</b>  <b>SOB,</b>  <b>Fever with in the 14 days prior to illness onset</b>	Yes		No
<b>Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated COVID-19 infections has been reported.</b>	Yes		No
<b>Pre-triage result</b>			
<b>An individual having with an acute respiratory illness (runny nose sore thought) AND at least one of the symptoms (Fever, Cough, SOB ), that individual should be consider as pre-triage COVID-19 suspect and should be direct to facility isolation area</b>	Suspect		Non-suspect
<b>Suspect corona virus with any acute respiratory illness (runny nose sore thought) AND at least one of the above (fever, cough, SOB), that individual should be considered as pre-triage COVID-19 suspect and should be directed to facility isolation area.</b>			