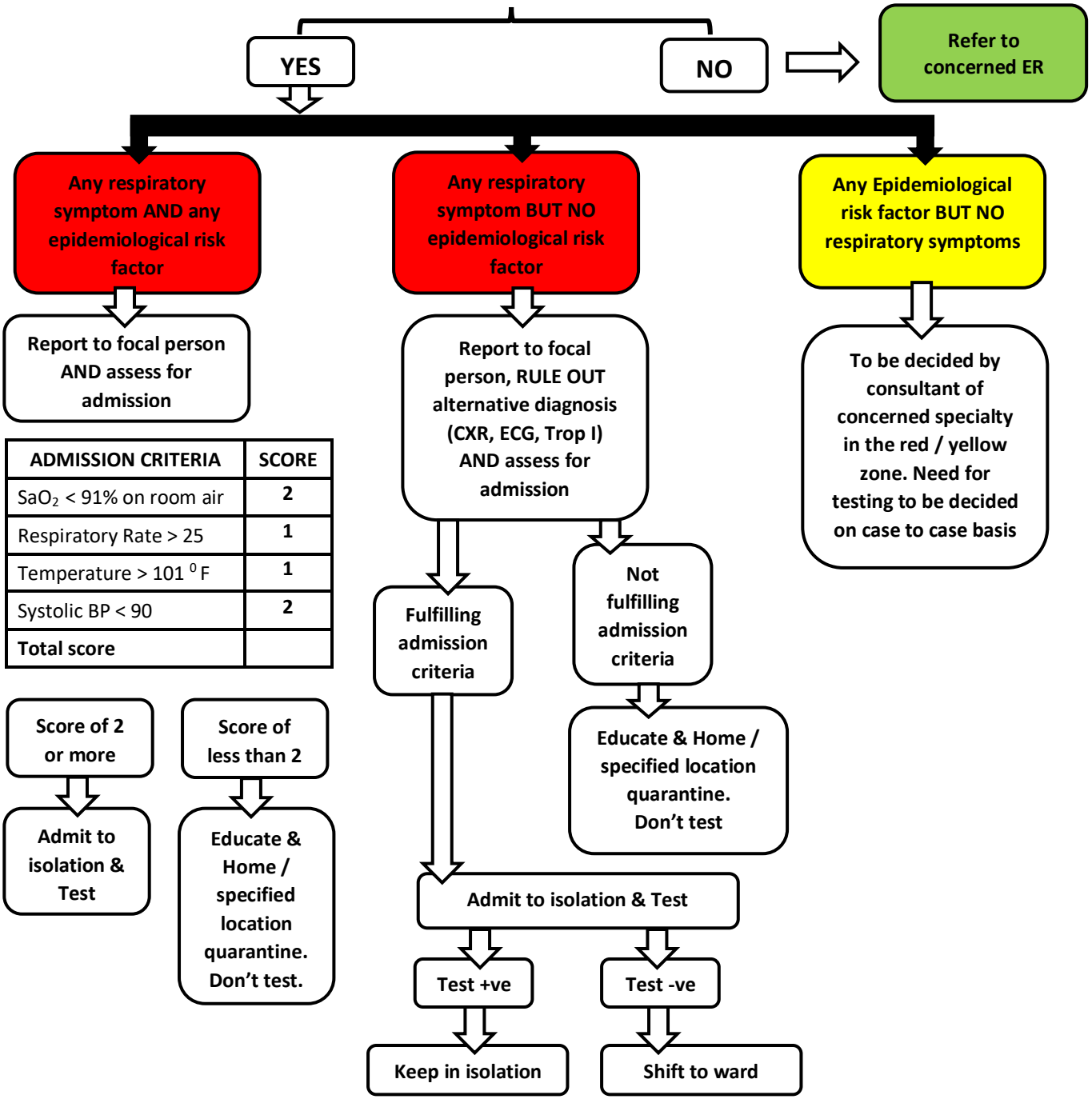
SCREENING PROFORMA FOR SUSPECTED COVID-19 PATIENT
HAYATABAD MEDICAL COMPLEX, PESHAWAR

Name: _____ S/D/W of _____Age: ____ Gender: ___ MR # _____
Date: _____ Address : _____

Does the patient have ANY ONE of the following? Mark appropriately		
Epidemiological risk factors	Travel to or from the affected / high risk regions	
	Close physical contact with COVID-19 positive patient	
Symptoms	Fever	
	Cough	
	Sore throat	
	Runny Nose	
	Breathing difficulty	



ADMISSION CRITERIA	SCORE
SaO_2 < 91% on room air	2
Respiratory Rate > 25	1
Temperature > 101 ^{0}F	1
Systolic BP < 90	2
Total score	

Score of 2 or more → Admit to isolation & Test

Score of less than 2 → Educate & Home / specified location quarantine. Don't test.

Doctor name: _____ Doctor signature /stamp: _____