



COVID RISK ASSESSMENT – TRIAGING

For Hospital Use only

NAME OF THE ASSESSOR: _____

Name:	Age:
Date:	Time:
Address:	Mobile Number:

Residence in Active Containment zone: Yes **No**

Please write the Individual's score in the column and write the total at the end and assign the person appropriately to ONE of the three categories listed below

BREATHLESSNESS - Yes **No**

*A single symptom of breathlessness (*excluding Known bronchial allergy*) categorises the person into High Risk Category

SERIAL NO	PARTICULARS	SCORE	INDIVIDUAL'S RISK SCORE
1	International Travel within 14 days	3	
2	Interstate Travel within 14 days	2	
3	Travel within state within 14 days	2	
4	Fever $\geq 100.0^{\circ}$ F or 38° C	1	
5	Cough	1	
6	Cold	1	
7	Sore throat	1	
8	Body Ache	1	
9	Diarrhoea	1	
10	Excessive Fatigue	1	
	Total Score	15	

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CATEGORY	SCORE
Low Risk	≤ 2
Moderate Risk	3 - 6
High Risk	≥ 7

Total Score: _____

