Appendix 2C

DAILY INPATIENT SCREENING FORM

Patient Name:				Patient ID #:			Room #:	
If fever (>100.4°F) or symptoms of respiratory illness are new onset, institute SARS precautions								
DATE	Fever	Temperature (highest in last 24 hours)	Cough	Shortness of Breath	Difficulty breathing	Significant change in respiratory rate	Notes	