

# EpicEdge Tips & Tricks

## Travel Screening Changes

There have been changes made to the Travel Screening form in both Hyperspace and Remote Client. The Covid specific questions have been removed and replaced with the question “Have you been in contact with someone who was sick?”

Hyperspace:

Travel Screening

**Bertie Schminkey** Male, 69 years, 9/7/1953 MRN: 207105

### Communicable Disease Screening

Have you been in contact with someone who was sick?

Do you have any of the following new or worsening symptoms?

<input type="checkbox"/> None of these	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Bruising or bleeding	<input type="checkbox"/> Chills	<input type="checkbox"/> Cough
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fever
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Loss of taste
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash	<input type="checkbox"/> Red eye
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Severe headache	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weakness

### Travel History

Have you traveled internationally or domestically in the last month?

Enter a location

No Documented Travel  
You can use the box to the upper left to add a trip to the list

No more travel to load

Remote Client:

Travel Screening ×

**Alice Schminkey** Female, 83 years, 8/6/1939 MRN: 207106

### Communicable Disease Screening

Have you been in contact with someone who was sick?

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Do you have any of the following new or worsening symptoms?

<input type="checkbox"/> None of these	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Abdominal pain <span>📄</span>
<input type="checkbox"/> Bruising or bleeding	<input type="checkbox"/> Chills	<input type="checkbox"/> Cough
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fever
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Loss of taste
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash	<input type="checkbox"/> Red eye
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Severe headache	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weakness

### Travel History

Have you traveled internationally or domestically in the last month?

📄

🔍 No Documented Travel

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