INSTRUCTIONS: Hospitals are encouraged to use this form to document your assessment of the COVID-19 status of all hospitalized prior to transfer to a post-acute care facility. CHECK THE BOX FOR EACH OF THE CRITERIA APPLICABLE TO THE PATIENT’S STATUS:

Patient Name: __________________________

Transferring Facility: __________________________ Accepting Facility: __________________________

Has patient been laboratory tested for COVID-19?

COVID-19 testing criteria for elderly/medically frail patients - Update 3/18/2020
• Patients age 65 and older or patients with serious underlying medical conditions AND
• Patient presents with new onset fever AND cough OR other respiratory signs including shortness of breath

☐ YES, Patient tested for COVID-19
  Date of test________________________
  What was the indication for testing?

☐ NO, Test NOT INDICATED per Centers for Disease Control (CDC) criteria.
MAY TRANSFER

☐ Exposure/Travel In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, exposed to a person who has been lab tested positive for COVID-19, is an immunocompromised person, or has been exposed to another person confirmed to have COVID-19.
  Dates of travel________________________ Date(s) of exposure________________________

☐ Respiratory Signs/symptoms of a respiratory illness (cough, sneezing, fever>100, shortness of breath, sore throat).

☐ Results Pending

☐ Negative test

☐ Positive test

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ YES  ☐ NO/Not Applicable

If the patient was tested due to travel/exposure criteria, are they still in the 14 day post travel/exposure period where isolation is required?

☐ YES  ☐ NO

Clinical Assessment Completed by (print name) Date/Time

Reported to (name of facility staff) Date/Time

Provide copy of completed form to EMS/transport agency.

MAY TRANSFER

MAY NOT TRANSFER UNLESS TRANSFER IS TO FACILITY EQUIPED TO MAINTAIN TRANSMISSION-BASED PRECAUTIONS

Place patient identification label here

Form updated as of 3/23/20