

# Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

**INSTRUCTIONS: All hospitalized patients should be assessed for COVID-19 prior to transfer to a post-acute care facility.** This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the hospital and the receiving facility during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. **CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:**

Patient Name: \_\_\_\_\_

Transferring Facility: \_\_\_\_\_ Accepting Facility: \_\_\_\_\_

## Has patient been laboratory tested for COVID-19?

**YES, Patient tested for COVID-19**  
 Date of test \_\_\_\_\_  
 What was the indication for testing? \_\_\_\_\_

**NO, Test was NOT INDICATED per CDC testing criteria. May transfer.**



**Travel/Exposure** In the past 14 days, has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, or exposed to a person who has been lab tested positive for 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).

**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**

Does patient meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19?*

**YES**       **NO**

**MAY NOT TRANSFER**

**MAY TRANSFER**

**MAY NOT TRANSFER**

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**

**MAY NOT TRANSFER**

**MAY TRANSFER**

Clinical Assessment Completed by (signature) \_\_\_\_\_

Date/Time \_\_\_\_\_

Reported to (name of facility staff) \_\_\_\_\_

Date/Time \_\_\_\_\_