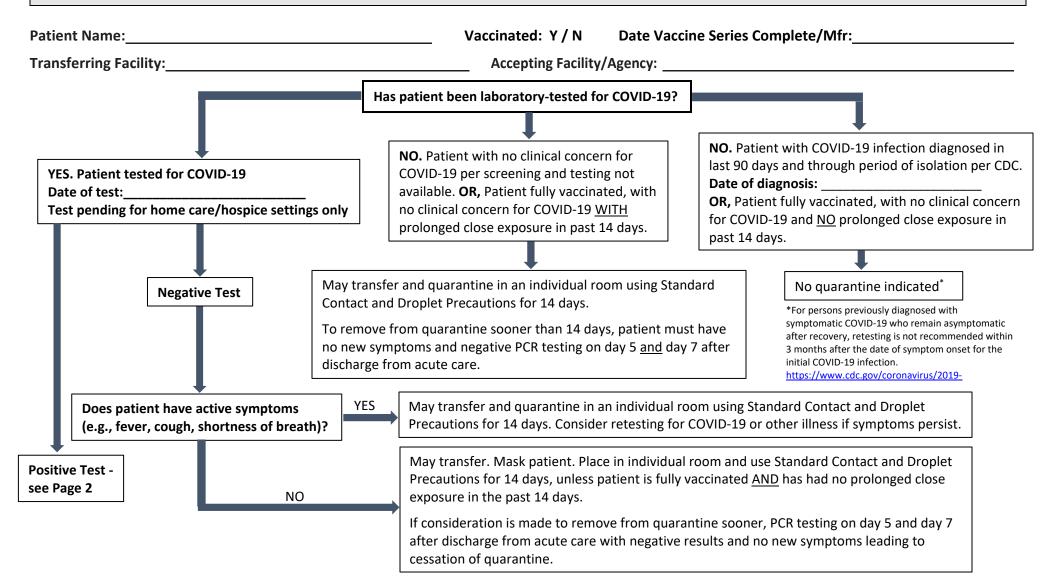
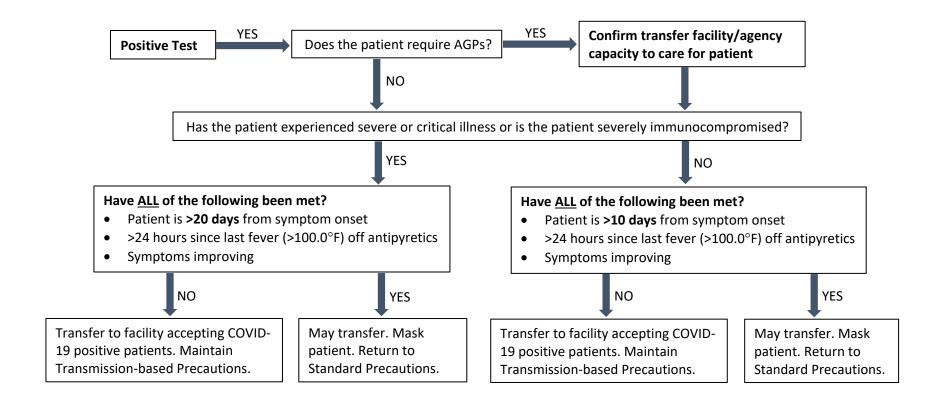
Assessment Form for COVID-19 Screening and Isolation Procedures on Transfer from Hospitals to Long-Term Care Facilities or Home with Home Care or Hospice

INSTRUCTIONS: All hospitalized patients who are discharged to Long-Term Care or home with home care or hospice services should be assessed for COVID-19 through symptom screening and/or testing, if available, prior to transfer. Patients who have been hospitalized for COVID-19 need to have appropriate isolation timelines. This tool should be used to document an individual's medical status related to COVID-19 and sent with discharge orders as a face sheet to facilitate communication between the hospital and the receiving facility or agency during patient transfers. This document must be signed-off by the physician, APRN, or PA or their designee who completes the clinical assessment.

CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS.





Clinical Assessment completed by (signature)		
Date/Time	_	
Reported to (name of facility staff)	-	

Date/Time