

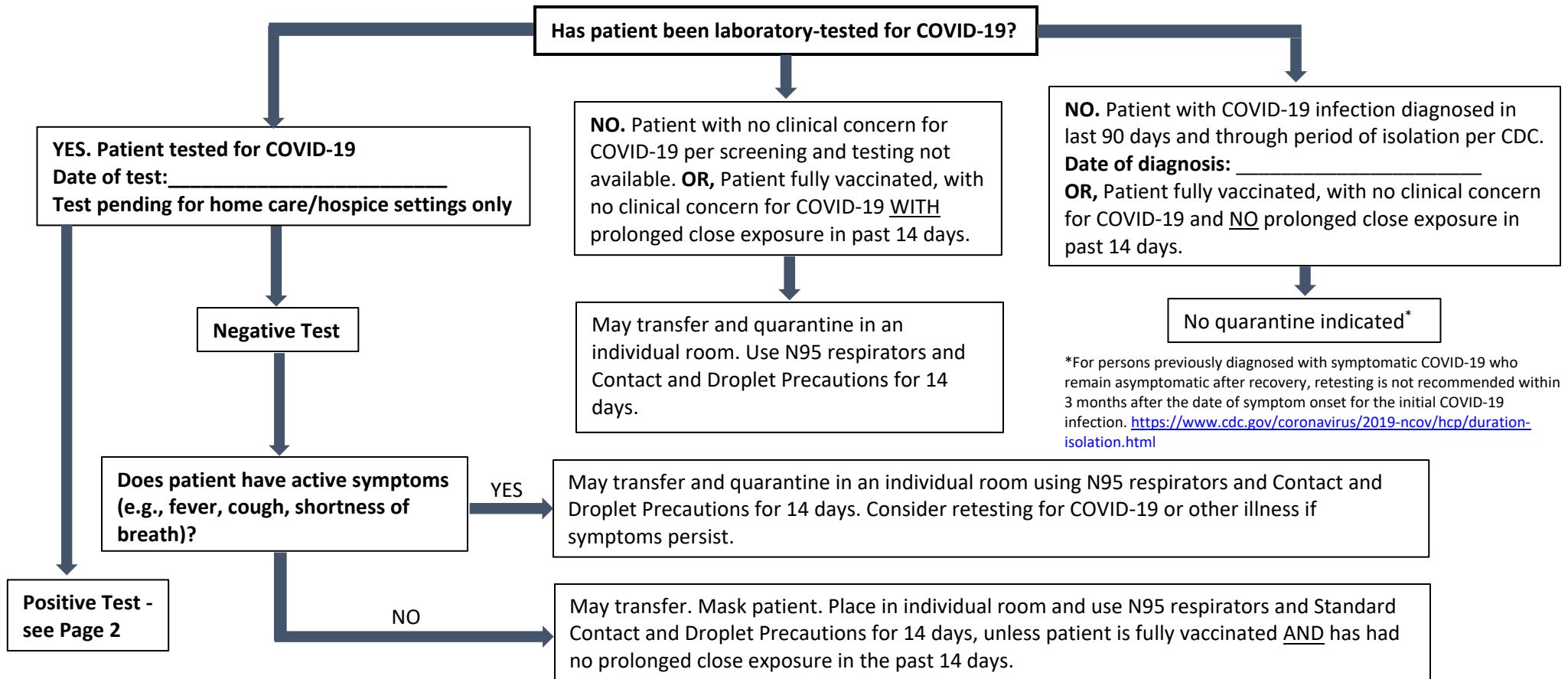
Assessment Form for COVID-19 Screening and Isolation Procedures on Transfer from Hospitals to Long-Term Care Facilities or Home with Home Care or Hospice

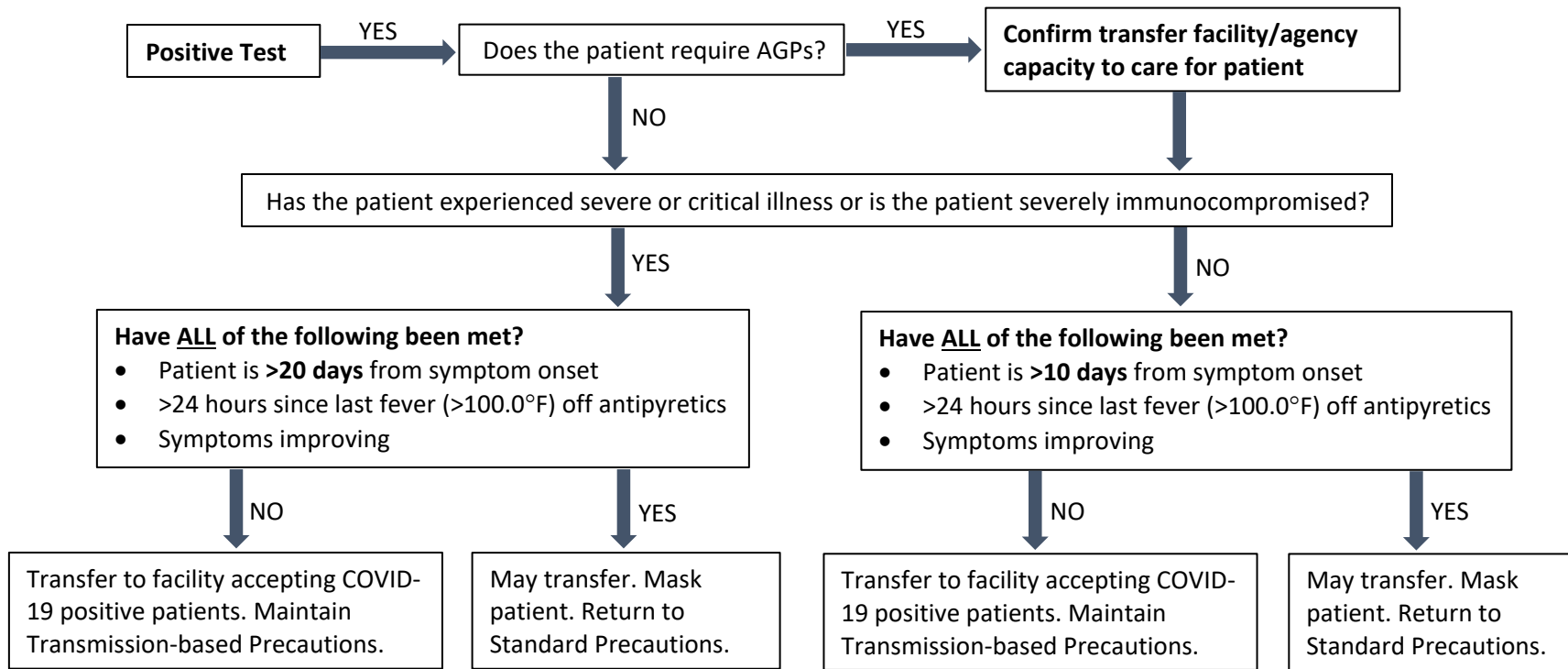
INSTRUCTIONS: All hospitalized patients who are discharged to Long-Term Care or home with home care or hospice services should be assessed for COVID-19 through symptom screening and/or testing, if available, prior to transfer. Patients who have been hospitalized for COVID-19 need to have appropriate 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.

Patient Name: _____ Vaccinated: Y / N Date Vaccine Series Complete/Mfr: _____

Transferring Facility: _____ Accepting Facility/Agency: _____





Clinical Assessment completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time