

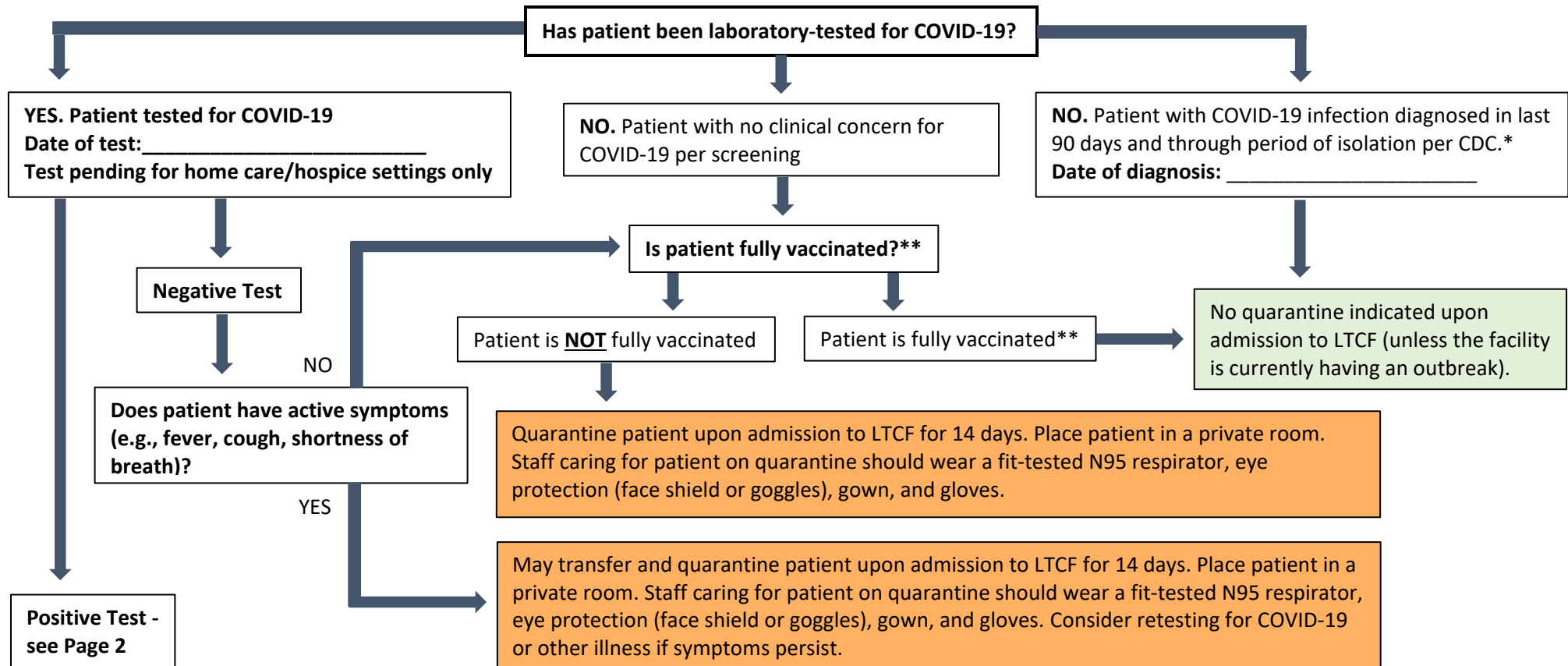
Assessment Form for COVID-19 Screening and Isolation Procedures on Transfer from Hospitals to Long-Term Care Facilities or Home with Home Care or Hospice

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.

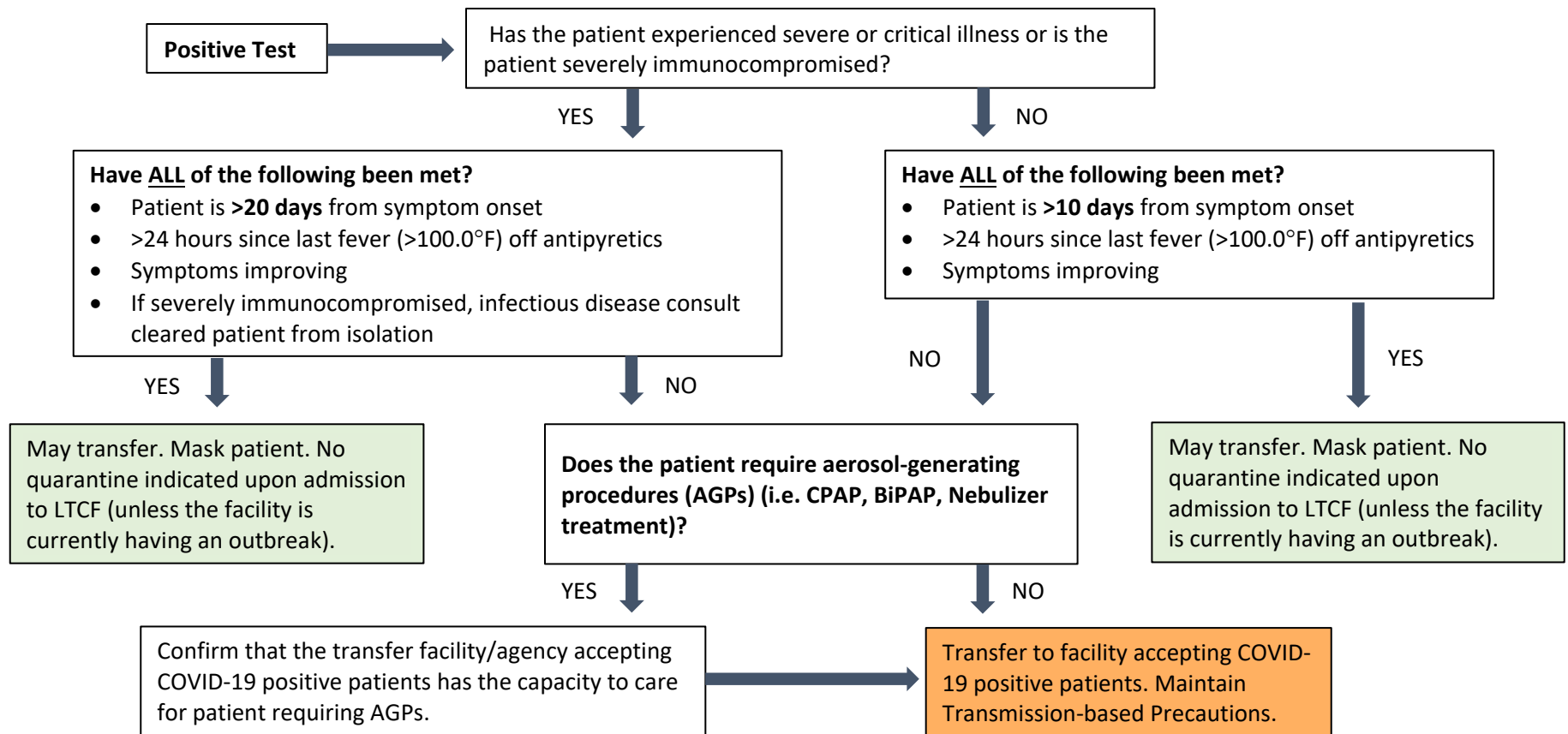
Patient Name: _____ Vaccinated: Y / N Date Vaccine Series Complete/Mfr: _____

Transferring Facility: _____ Accepting Facility/Agency: _____



*For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 90 days after the date of symptom onset for the initial COVID-19 infection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

**Fully vaccinated individuals are those who are > 14 days from receiving second dose of two-dose series vaccines (Moderna and Pfizer) or > 14 days from receiving a single-dose vaccine (Johnson & Johnson)



Clinical Assessment completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

***Definition for immunocompromising conditions can be found by visiting: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-immunocompromised>