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. A copy of the form should be provided to the EMS provider.

CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT’S STATUS:

Has patient been laboratory tested for COVID-19?
COVID-19 Testing criteria for elderly/medically frail patients — Updated 3/23/2020
• Patients age 65 and older or patients with serious underlying medical conditions AND
• Patient presents with new onset fever 100.4 or greater 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 CDC 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, exposed to a person who has been lab tested positive for COVID-19, or is an immunocompromised person.

☐ YES

☐ NO/Not Applicable

☐ MAY NOT TRANSFER

☐ MAY TRANSFER

Respiratory Signs/symptoms of a respiratory illness (cough, sneezing, fever>100.4, shortness of breath).

☐ YES

☐ NO

☐ MAY NOT TRANSFER

☐ MAY 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/Not Applicable

☐ MAY NOT TRANSFER

☐ MAY TRANSFER

Clinical Assessment Completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

*Hospital policy may impact transfer decision.