PATIENT/RESIDENT | COVID-19 STATUS COMMUNICATION FORM

Today's Date	Transfering Facility
	Receiving Healthcare Facility

This voluntary tool communicates the latest information about a patient's COVID-19 status from a transferring facility to another health care facility. Currently, there are no state restrictions or prohibitions on transferring COVID-19 patients/residents who a physician has medically cleared to a long-term care facility. Receiving and Transferring facilities should follow CDC guidelines[1] related to testing requirements. **This form does not preclude the requirements of Form 1823 or Form 3008 for transfers to an ALF/NH.**

Patient/Resident	
Last Name:	Date of Birth:
First Name:	Medical Record Number:
Name of Transferring Facility	
Transferring Unit:	Phone:

Transferring Facility Contacts	**Contact Name**	**Phone**	**Email** (optional)
Transferring RN/Unit			
Transferring Physician			
Case Manager/Social Worker			
Infection Preventionist			

Has the patient/resident tested positive for COVID-19? *If NO, proceed to COVID Vaccine Status.*

YES ◯ NO ◯		**Date**	**Comments:**
	Date tested positive		
	Date of last COVID test		
	Date symptoms appeared (if known)		

Is the patient/resident immunocompromised?	**Severity of COVID infection**	
YES ◯ NO ◯	☐ Asymptomatic ☐ Mild-Severe ☐ Severe	**Comments:**

Has it been 24 hours since resolution of fever without the use of fever-reducing medications?	**Has the person received treatment for COVID?** *(Monoclonal antibody treatment, convalescent plasma, etc.)*		
YES ◯ NO ◯	YES ◯ NO ◯		
		Dose, Route Frequency	
		Start Date	
		Anticipated Stop Date	
		Date/Time of Last Dose	

Transmission based isolation status

- ☐ Not indicated
- ☐ Isolation discontinued/symptoms resolved symptoms improved and 10 days since positive/ symptoms onset
- ☐ Isolation per CDC Guidance

COVID Vaccine Status

☐ Vaccinated

Date Administered
Dose 1: _____
Dose 2: _____
Booster Dose: _____
Additional Dose: _____

Vaccine Manufacturer
☐ Pfizer-BioNTech
☐ Moderna
☐ Other: _____

☐ Not Vaccinated
☐ Unknown

Other Information:

Florida Health Care Association | Florida Hospital Association — Mission to Care. Vision to Lead. | LeadingAge Florida | Florida Senior Living Association | FALA Florida Assisted Living Association — Promoting Excellence in Assisted Living

1. https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html