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. **This form does not preclude the requirements of Form 1823 or Form 3008 for transfers to an ALF/NH.**

All facilities – receiving and transferring should follow the most current CDC guidelines or testing and quarantine.

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?

YES NO

Severity of COVID infection

[ ] Asymptomatic
[ ] Mild-Severe
[ ] Severe

Comments:

Has it been 24 hours since resolution of fever without the use of fever-reducing medications?

YES NO

Has the person received treatment for COVID? *(Monoclonal antibody treatment, convalescent plasma, etc.)*

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

FHA 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