

COVID-19 Nursing Home Communication Form

Patient Name: _____ Nursing Home Name: _____

Facility Contact Name: _____ Contact Phone Number: _____

Patient's current symptoms (check all that apply):

- Cough
 New or worsening shortness of breath
 Fever
 Chills
 Muscle pain
 Sore throat
 New loss of taste or smell
 Headache
 Nausea
 Vomiting
 Diarrhea
 None of the above

Patient's Maximum Temp in past 24 hours: _____

Patient's COVID-19 Status: Please circle appropriate category

Category	Definition
COVID-19 Vaccination Yes: _____ No: _____	1 st Dose Date: ____/____/____ 2 nd Dose Date: ____/____/____ Vaccine Manufacture: _____
Healthy / No known exposure	No symptoms, no close contact with confirmed/suspected COVID-19 case, and no outbreak at the facility
Asymptomatic PUI	No symptoms but close contact with confirmed/suspected COVID case or outbreak at the facility
Symptomatic PUI	Showing symptoms (fever, cough, short of breath) plus close contact with confirmed/suspected COVID case
COVID Positive	Tested positive for COVID-19 but symptoms do not warrant hospitalization
COVID Recovered (CDC symptom-based guidance 7-17-2020)	<ul style="list-style-type: none"> • Fever free (without fever-reducing medications) for at least 24 hours and improvement in symptoms (e.g., cough, shortness of breath) and at least 10 days have passed since symptoms first appeared, OR • Resolution of fever (without fever-reducing medications) and resolution of symptoms; and negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

COVID-19 Testing Status

- Positive
 Negative
 Pending
 Date: ____/____/____ Time: ____:____ AM PM
 Not Tested

Additional information: Please provide any additional information /concerns you would like the dialysis facility to know about this resident.

This form was created using materials developed by Paul Palevsky, MD with the University of Pittsburgh and Sid Shah, MD with the University of Pennsylvania Health System along with revisions from the ESRD Network 8. We gratefully acknowledge their work and sharing of these resources with The Forum of ESRD Networks.