

**Side 1: LTCF Communication to Dialysis Facility****COVID-19 Status Communication Form****Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 LTCF Name: \_\_\_\_\_ Unit Phone Number: \_\_\_\_\_  
 Dialysis Facility Name: \_\_\_\_\_ Dialysis Phone Number: \_\_\_\_\_

**Patient's current symptoms when leaving for dialysis (check all that apply):**

- Temp >99 F    Chills    Cough    New or worsening shortness of breath  
 Fatigue    Headache    Muscle pain or body aches    New loss of taste or smell  
 Sore throat    Rhinorrhea    Nausea or vomiting    Diarrhea    **None of the above**

**Patient's COVID-19 Status:**

Status	Definition
<input type="checkbox"/> Unexposed/Healthy	No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility
<input type="checkbox"/> Asymptomatic PUI	No symptoms but close contact with confirmed/suspected COVID-19 case or positive case at the living facility within past 14 days
<input type="checkbox"/> Symptomatic PUI	Showing any symptom listed above within last 7 days
<input type="checkbox"/> COVID-19 Positive	Tested positive for COVID-19 but not requiring hospitalization
<input type="checkbox"/> COVID-19 Recovered	<ul style="list-style-type: none"> <li>Resolution of fever (without fever-reducing medications) and resolution of respiratory symptoms (e.g., cough, shortness of breath); <b>and</b></li> <li>Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 from at least two consecutive respiratory specimens collected ≥24 hours apart</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>At least 72 hours since resolution of fever (without fever-reducing medications) and resolution of respiratory symptoms (e.g., cough, shortness of breath); <b>and</b></li> <li>At least 10 days from onset of symptoms or first positive test</li> </ul>

**COVID-19 Testing Status:**

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

**Patient status unchanged (if patient or facility status changed, new form must be completed):**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Init: \_\_\_\_

**Side 2: Dialysis Facility Communication to LTCF**

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**Patient's current symptoms when returning from dialysis (check all that apply):**

- Temp >99 F    Chills         Cough         New or worsening shortness of breath
  - Fatigue         Headache     Muscle pain or body aches    New loss of taste or smell
  - Sore throat    Rhinorrhea    Nausea or vomiting    Diarrhea     None of the above
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**Patient Exposure During Dialysis:**

- None         PUI         COVID-19 positive
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Patient status unchanged (if patient or dialysis unit status changed, new form must be completed):

Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_  
 Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_  
 Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_  
 Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_    Date: \_\_/\_\_/\_\_ Init: \_\_

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**IF PATIENT DEVELOPS ABOVE SYMPTOMS,  
 OR HAS COVID EXPOSURE DURING DIALYSIS TREATMENT,  
 LTCF MUST BE NOTIFIED BY PHONE BEFORE PATIENT LEAVES DIALYSIS**