

# Inter-Facility Transfer – COVID-19 Assessment

**INSTRUCTIONS:** All pre-transfer patients/residents should be assessed for COVID-19 prior to transfer to a receiving facility. This tool should be used to document an individual's medical status related to COVID-19 and to facilitate communication between the transferring and the receiving facility during patient/resident transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment. CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT/RESIDENT'S STATUS:

Patient/Resident Name & DOB: \_\_\_\_\_ Transferring Facility: \_\_\_\_\_

Length of stay \_\_\_\_\_ Accepting Facility: \_\_\_\_\_ Vaccination Date(s) if applicable: \_\_\_\_\_

## Has patient/resident been laboratory tested for COVID-19?

**YES, Patient/Resident tested for COVID-19** Date of test \_\_\_\_\_ What was the indication for testing?

**NO, Test was NOT INDICATED per CDC testing criteria. May transfer.**



**Travel/Exposure** In the past 14 days, has the patient/resident been to any restricted travel areas, traveled internationally, attended large gatherings, or been exposed to a person who has lab tested positive for COVID-19?

**Symptoms**  
Fever/Cough/SOA/Chills/Sore Throat/Headache/Nausea or Diarrhea/Impaired Smell or Taste/Fatigue/Other \_\_\_\_\_

Travel location & Date: \_\_\_\_\_ Date(s) of exposure \_\_\_\_\_

**Negative test**

**Positive test**

If the patient/resident 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**

Does patient/resident meet criteria outlined in *CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19*?

**YES**       **NO**



**MAY NOT TRANSFER**

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**YES**       **NO**



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Clinical Assessment Completed by (signature) \_\_\_\_\_

Date/Time \_\_\_\_\_

Reported to (name of facility staff) \_\_\_\_\_

Date/Time \_\_\_\_\_