Facility’s Name:

Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Covid Vaccine Status - Vaccinated/Unvaccinated? Circle One: Pfizer/Moderna/JJ

**Readmissions and New Admissions (fully vaccinated or recovered from Covid-19 within 90 days)**

1. Was the resident wearing a mask during transport?

 □ Yes □No □N/A

1. Does the resident present with any signs/symptoms consistent with Covid-19?

 □ Yes □No □N/A

1. Has the resident come into close contact (within 6ft for >15 consecutive minutes, regardless of whether the contact was wearing a mask) with anyone suspected or confirmed with Covid-19 infection within the last 48 hours?

□ Yes □No □N/A

**Doctor’s Appointments/Dialysis/Outpatient Treatment Centers**

1. Was the resident wearing a mask during appointment and transport?

□ Yes □No □N/A

1. Has the resident come into close contact with anyone suspected or confirmed with Covid-19 infection while at the doctor’s office or during transport?

□ Yes □No □N/A