Post-Positive COVID-19 Patient Process Reintegration into Outpatient Services 1/11/2022

Patient Name:

DOB:

Facility:

Date:

Criteria: Fill in each section as indicated without any blanks remaining. If any questions exist, call Supervisor or Infection Prevention for additional review.

Complete ✓	Criteria:
	• Find the patient's test date in EPIC, if not available, request test date from patient _____, count 10 days from positive test (test date is day 0), patient is released on day 11 ○ Approved date (11th day after test date) _____ ○ Patient must also be **afebrile for 24 hours with improved symptoms**
If you have questions or concerns, contact your supervisor or Infection Prevention to discuss.	
	Patient must pass screening criteria upon entry

_____ _____ _____

Staff: Printed Name Staff Signature Date/Time

Author: Infection Prevention Med Tech Spec