



**ON WITH LIFE**  
BRAIN INJURY + STROKE + NEURO

**On With Life  
COVID-19 Symptom Screening**

**Must be completed and faxed to On With Life within 24 hours of admission**

Name
Date of Screen     /     /

Symptom Screening:	Yes	No
Has the patient had a fever (subjective or confirmed) in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient had symptoms of acute respiratory illness (e.g. cough, shortness of breath, difficulty breathing) in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient been exposed to anyone under investigation for or confirmed to be infected with COVID-19	<input type="checkbox"/>	<input type="checkbox"/>

- 1) We expect to be notified and will ask for confirmation of any patient within your facility who is being investigated for or has a confirmed case of coronavirus. This will require a case review prior to acceptance
- 2) After the inpatient medical team has reviewed this potential admission, they may ask for additional information including, but not limited to, results of a recent chest x-ray or chest CT

By signing below, I certify all above information is true and correct

Doctor/APP/Nurse Signature \_\_\_\_\_

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