## Post-Positive COVID-19 Patient Process Reintegration Into Outpatient Services 9/9/2020

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 review as well.

Complete 🗸	Criteria:				
	***If positive COVID te	st date is greater than 30 days, the lett	er is not required***		
	Verify patient has been released from self-isolation by Local Health Department (county where patient resides).  If the patient does not have a copy of the letter to present at time of the appointment, please contact Infection Prevention to confirm.				
		Date released from Local Health Depar	rtment		
	Obtain (from patient) a copy of release letter patient receives from Local Health Department (to be scanned into patient chart).  If the letter was texted to their phone, have the patient email a copy to  mhc.healthinfo@sih.net.  If you have seen the letter, make note of that in the chart including the release date.  ***If patient was hospitalized (within SIH or Outside Hospital) and recovered during stay, contact SIH facility Infection Preventionist to assist in determining if precautions are still required***  ***Surgery patients post positive COVID -  • Patient is ready to be placed back on surgery schedule after meeting the above  criteria (release from isolation) and passes patient screening process day of surgery				
	Patient will not be required to test for COVID, unless it has been >90days since last positive  Patient must pass screening criteria upon entry				
staff: Print	red Name	Staff Signature	 Date/Time		