**Patient Non-Transport Record / Evaluation**

This form is an acknowledgement that you have been evaluated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the medical direction of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. At this time, we feel that your condition is stable and meets the following criteria:

* You are < 65 years of age, awake and alert, in no acute distress,
* Your vital signs are within a normal range and stable with exertion,
* Your pulse oximeter reading is greater than 92% even with exertion,
* There is no evidence of hypoxia (cyanosis, confusion, etc.), and
* You have no co-morbid or “high-risk” conditions in your past medical history.

At this time, it is my professional opinion that you are medically stable enough to remain at home, self-monitor your condition, and be supported by your existing resources.

* You may or may not have the COVID-19 virus.
* Transport to an Emergency Department does not guarantee that you will be tested; if you want to be tested you should contact your primary care physician.
* We have confirmed you have a support system that is available to you as you recover.
	+ If not allergic, you may elect to self-administer Tylenol/acetaminophen according to the packaging instructions for control of fever and aches.
	+ You should rest, drink plenty of water, and stay hydrated.
* We have also confirmed that you understand our evaluation and agree to remain at home.
	+ You should stay home and avoid contacting others until symptoms have subsided and you are without a fever (un-medicated) for 72 hours.

If at any time, your symptoms progress and you exhibit any of the symptoms above, or if you improve and then suddenly become worse with a worsening cough, do not hesitate to call 9-1-1. You may receive a follow-up phone call from our agency or the health department in 24 hours to check on your condition. If you would like to contact the health department directly – please call \_\_\_\_\_\_\_\_\_\_\_\_\_.

Please refer to [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov) for information on self-isolation and preventing the spread of COVID-19. If you would like additional information from the local health department, you can visit their website \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient name) understand the information above and agree to remain home and self-monitor my condition.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient signature)

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* IF transport is necessary due to merely lacking a support system (lives alone, has no reliable caretaker, etc) consider transport to an alternative destination other than emergency department (see CMS guidelines for alternative transport options for EMS).