

Screening Form for COVID19 Isolation and Quarantine Facility

Applicant Information

Name: _____

Date of Birth: _____

Referring Agency

Agency Name: _____

Contact Person: _____

Phone: _____

Date: _____

Qualifiers for Admission (as determined by referring agency)

1) **Medical/Health Status (at least one of the following conditions must apply):**

- Applicant has been diagnosed with COVID-19
- Applicant has symptoms suggestive of COVID-19 and is awaiting testing or test results
- Applicant has a known exposure to a confirmed case of COVID-19 (i.e., identified as a contact of a confirmed case)
 - If 14 days have passed since the applicant became fully vaccinated for COVID-19 and was exposed after day 14, please consult the health department at Health_QIRT@co.whatcom.wa.us, to confirm if quarantine is still appropriate.

2) **Medical Provider Consultation (the following condition must apply):**

- Applicant's condition was discussed with a medical provider and a recommendation was given for isolation or quarantine.

- Medical provider's agency, name and contact information:

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- Medical provider's recommendation for isolation/quarantine:
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3) Housing Status (at least one of the following conditions must apply):

- Applicant has own housing, but cannot isolate/quarantine there
- Applicant lives in a group/congregate setting and cannot isolate/quarantine there
- Applicant lives unsheltered or in a vehicle and does not have an option for isolation/quarantine

4) Functional Status (both of the following conditions must apply)

- Applicant is able to independently perform activities of daily living
 - Mobile
 - Bathing, dressing, personal care
 - Independent toileting
 - Taking meds as prescribed and asking for help with filling prescriptions as needed
 - Eating and basic clean-up
- Applicant is able to manage own behavior in a way that is safe to those around them

5) Age (one of the following conditions must apply):

- Applicant is 18 years old or older
- Applicant is under 18 years old and has a waiver for placement in this facility

Checklist of forms to be sent to the Facility

- Screening form (completed by Bed Control staff)
- Referral form (completed by the community provider initiating the referral)
- Voluntary Quarantine Isolation Agreement (community provider completes with applicant)
- Code of Conduct (community provider completes with applicant)
- Release of Information (community provider completes with applicant)