

SwedishAmerican Hospital EMS System  
COVID-19 Tracking Form

FAX this form every Monday to 815-391-8116 even if you have no patients to report

Dates: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Call	Run Number	Patient Last Name	Patient First Name	Transported to	PPE minimum *	Aerosol Procedure?	PPE Full **	COVID Testing Confirmed at hospital	COVID Testing confirmed by phone

\* PPE Minimum = mask and gloves  
\*\* PPE Full = N95, eye protection, gown, and gloves