

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: _____

| 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 |
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* PPE Minimum = mask and gloves

** PPE Full = N95, eye protection, gown, and gloves