|  |  |  |
| --- | --- | --- |
|  | **COVID – 19 Passport:** | **Your Name Here** |
| **(See reverse for health care person-centered profile)** | | |

Note: Information on this form may not be complete

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | |
| **First Name** | **(Nickname)** | **Last Name** | **DOB or Age** |
|  |  |  |  |
| **Street Address** | | **City, State, Zip** | |
|  | |  | |
| **Emergency Contact** | | **Emergency Contact Phone/Email** | |
|  | |  | |
| **Parent/Legal Representative** | | **Parent/Legal Representative Phone/Email** | |
|  | |  | |
| **Insurance Information** | | **Pharmacy Information (Most Commonly Used)** | |
|  | |  | |
| **Primary Care Provider/Contact Information** | | **Specialty Care/Contact Information** | |
|  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT SYMPTOMS/RISK FACTORS** | | | |
| **Current COVID 19 Symptoms (Check all that apply)** | **Date Started** | **Risk Factors (Check all that apply)** | **Risk Factors (Check all that apply)** |
| Temp. over 100.4 ° F |  | Long-term care resident | Cancer |
| Dry Cough |  | Transplant | Age 65 or over |
| Malaise/Fatigue |  | COPD/Emphysema/Asthma | Pregnant |
| Shortness of breath |  | Current/Former Smoker | Severe obesity |
| Nasal congestion |  | Liver Disease | HIV/AIDS |
| Diarrhea |  | Intellectual disability | Kidney disease |
| Loss of smell/taste |  | Neurological disorder | Homeless |
| Sore throat |  | Heart disease | Chronic bronchitis |
| Low blood oxygen |  | Corticosteroid use | Other |
| Headache |  | Mental illness/substance use | Other |

|  |  |  |
| --- | --- | --- |
| **HEALTH CONDITION LIST** | **MEDICATION LIST** | **ALLERGIES** |
|  |  |  |

|  |
| --- |
| PERSON HAS DO NOT RESUSOTATE (DNR) ORDER – Location of document and/or contact information if known: |
| PERSON HAS ADVANCE DIRECTIVE – Location of document and/or contact information if known: |
| PERSON HAS PSYCHIATRIC ADVANCE DIRECTIVE or other Advance Crisis Planning Tool and/or has designated a Health Care Proxy decision maker – Location of document and/or contact information if known: |