

**NORTHWEST COMMUNITY EMS SYSTEM  
PATIENT AGREEMENT for NON-TRANSPORT during COVID-19 Pandemic**

EMS Agency:		Incident #:	
Date:		Time:	
Patient name (PRINT):		Address:	
Date of birth:	Gender:	Phone #:	

**The patient DOES NOT meet any of the below RISK FACTORS for severe illness from Covid-19**

- Age 65 years or older
- Resident in a nursing home or long-term care facility
- Chronic lung disease; moderate to severe asthma
- Heart disease with complications/ uncontrolled HTN
- Diabetes mellitus; renal failure, liver disease
- Obesity with a BMI of 40 or higher

**Immunocompromised state:**  
Cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.  
Pregnant

**The patient DOES NOT currently meet any of the S&S suggesting severe illness from Covid-19**

Fever > 100° F	Abnormal vital signs and/or evidence of hypoxia
Shortness of breath	Severe headache or new onset altered mental status
Abnormal breath sounds/sputum production - pneumonia	S&S of sepsis or septic shock

**Disclosure to patient / legal representative if a minor**

Based on your (the patient's) age, medical history, and our assessment, you (the patient) **either appear well or** may have an infectious disease that could include Covid-19, but the **condition appears mild**.

Hospitals are unable to test everyone for COVID-19 who presents to an ED if they are asymptomatic or have mild signs and symptoms. There are national guidelines that prioritize testing.

Fortunately, **you** (the patient) **do not currently meet the criteria for evaluation at a hospital**. In order to limit exposures and preserve resources, **we are not transporting** you (the patient) at this time.

We **encourage you to contact your** (the patient's) **physician**. Many medical groups are able to conduct a virtual visit if you have computer access. There are State, County and hospital hotlines you can call or access <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

**If your** (the patient's) **condition worsens** please do not hesitate to immediately call your (the patient's) doctor, **call 9-1-1**, or have someone take you to the emergency department.

**Patient/legal representative acknowledgement**

I understand the information received from EMS. I acknowledge that I (the patient) was assessed, had an adequate opportunity to ask questions, and am able to follow the instructions provided to manage my health condition at home right now. I understand that if my condition worsens, I should immediately seek help by contacting my physician, calling 9-1-1, or going to an emergency department.

\_\_\_\_\_  
PATIENT / LEGAL REPRESENTATIVE Signature

**EMS Signatures**

\_\_\_\_\_  
Witness (PRINT Last NAME/Signature Paramedic/ PHRN)

\_\_\_\_\_  
Witness (PRINT last name/Signature)