HMIS COVID-19 Testing Form for Solano County HMIS Projects

General Instructions

This is the COVID-19 testing assessment form for ALL projects in Solano County. This form may be filled out for all household members and entered into HMIS accordingly.

Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

COVID-19 TESTING

SYMPTOMS

Is the client experiencing symptoms consistent with COVID-19 (e.g. fever of 100.4° or higher, cough, shortness of breath, loss of sense of smell, loss of taste)?

☐	Yes	☐	Client doesn't know
☐	No	☐	Client refused

When did the client's symptoms begin?

		/			/				
Month			Day				Year		

ISOLATION

When did the client begin isolating?

		/			/				
Month			Day				Year		

QUARANTINE

When did the client begin quarantine?

		/			/				
Month			Day				Year		

HOSPITALIZATION

If hospitalized, when was the client admitted?

		/			/				
Month			Day				Year		

TEST RESULT

If known, what is the COVID-19 test result or confirmed disease status?

☐	Positive	☐	Negative

TEST DATE

If tested for COVID-19, when was the client tested?

		/			/				
Month			Day				Year		

DATE RESULTS MADE AVAILABLE

If tested, when were the results made available?

		/			/				
Month			Day				Year		

SYMPTOMATIC DISPOSITION

What is the client's current symptomatic disposition?

☐	Currently symptomatic	☐	Confirmed recovery
☐	No longer symptomatic	☐	Deceased

CLINICAL HEALTH NOTES

_____

_____

_____

_____

_____