

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

HOME QUARANTINE FORM

Guidance for COVID-19 Associated Patients Needing Medical Assistance

You have been identified as one of the following:

- Confirmed COVID-19 case OR
- Person under investigation for COVID-19 OR
- Close contact of confirmed COVID-19 case OR
- Person who traveled to a country with widespread COVID-19 transmission

If you develop a fever, cough, or have difficulty breathing, seek medical care. **CONTACT YOUR Healthcare provider or Health System to coordinate your care. Some conditions may be able to be managed at home.**

CALL AHEAD BEFORE GOING TO SEE A DOCTOR OR EMERGENCY ROOM. GIVE THEM THIS CARD.

- Self transport to your medical provider if you are able; consider telemedicine
- If you are unable to self transport, contact EMS and make them aware you received this document from CCBH
- If you have an immediate medical emergency contact 9-1-1 and make them aware you received this document from CCBH

Use a face mask if you have one available.

EMS/Triage Staff/Clinicians:

- Use standard droplets precautions. Consider airborne precautions if patient care involves aerosol generating procedures or treatments.
- Hospital Infection control contact local health department immediately

Patient Emergency Contact Name: _____ Patient Emergency Contact Number: _____

Patient Primary Care Provider: _____ Preferred Hospital : _____

Date _____

Remember to bring this form with you when seeking medical care.

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The Cleveland Clinic: xxx-xxxx

MetroHealth System: xxx-xxxx

Veterans Affairs: xxx-xxxx

University Hospitals: xxx-xxxx

Southwest General: xxx-xxxx

St. Vincent Charity: xxx-xxxx

Instructions: Print on lime paper