

# Resident Surveillance Record for COVID-19

During the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are directing facilities to screen residents for signs and symptoms of COVID-19. In addition to screening, facilities must also maintain a record of the surveillance conducted. This form is intended to assist the facility with documenting resident-related surveillance, specifically related to the COVID-19 pandemic.

Date of first confirmed resident case of COVID-19? (If no cases, write not applicable [N/A]) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Number of residents showing signs and symptoms of respiratory illness including sore throat, cough, shortness of breath, or fever (99.0°F [AMDA] or 2.4°F above baseline [RAI Manual])? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

2. Number of residents with diagnosis of COVID-19 (includes test positive or presumptive)? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

3. Number of residents tested for COVID-19? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

4. Number of residents with COVID-19 cases reported to the Department of Health? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

5. Number of residents who are isolated or cohorted due to COVID-19? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

6. Number of residents who have been sent to the hospital due to COVID-19? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /

7. Number of resident deaths due to COVID-19? Enter date and number of residents in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /