



COVID-19 SCREENING UNIT (CSU)

FOLLOW-UP NARRATIVE:

“Good morning/afternoon/evening this is [Rank, Name] from the City of West Palm Beach Fire Department. I would like to speak with [Patient’s name], we responded to your house yesterday. I would like to know”:

- How are you feeling?
- Have you been self-monitoring (temp at least twice per day)?
- Did you contact the COVID-19 Hotline (866) 779-6121?
- Did you contact the Dept of Health (561) 671-4181?
- Have your symptoms become severe?
 - Advise them to contact their primary doctor or 911 (if life threatening)

RECORD RESPONSES

Phone call information

Patients Name: _____

Person making phone call: _____ Time & Date: _____

IF NO ANSWER LEAVE VOICEMAIL

“Good morning/afternoon/evening this is [Rank, Name] from the City of West Palm Beach Fire Department, we responded yesterday to your home. We are calling to see how you were doing and to confirm you followed our instructions. Should you have any further questions please contact the COVID-19 hotline at (866) 779-6121 or the Department of Health at (561)671-4181”.

DO NOT EMAIL FORM- TURN IN TO EMS CAPT