

EMERGENCY PREPAREDNESS PLAN FOR RESPONDING TO COVID-19

Self- Monitor for Coronavirus symptoms:

Cough, fever, and shortness of breath. May also include: bone or joint pain, sore throat, headache, chills, nausea or vomiting and stuffy nose. In the event symptoms are present:

IN THE EVENT OF AN EMERGENCY, call:

Name:	Phone Number:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION FIRST RESPONDERS NEED TO KNOW:

Full name: _____ **DOB:** _____

Address: _____

Chronic medical conditions: _____

Special Needs: _____

Medication Regimen:

Medication:	Dosage:	Frequency:	Reason for taking:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Information:

Name of Provider: _____ **Policy Number:** _____ **Carrier:** _____

Medicare _____

Medicaid _____

Primary Care Physician:

Name: _____ **Location:** _____ **Phone:** _____

Specialty Physicians: _____ **Location:** _____ **Phone:** _____

Pharmacy:

Name: _____ **Location:** _____ **Phone:** _____

Hospital of Choice:

Name: _____ **Location:** _____ **Phone:** _____

Medical Transportation:

