

POST-ACUTE REGIONAL RAPID TESTING (PARRT) PROGRAM

For COVID-19 Testing

Collect the following information first

- ☐ NAME
- ☐ DATE OF BIRTH
- ☐ PROVIDER (Doctor or NP/PA) ORDER FOR TESTING
- ☐ NORMAL BASELINE TEMPERATURE
- ☐ NEW TEMPERATURE AVERAGE (higher or lower)
- ☐ COUGH
- ☐ SHORTNESS OF BREATH
- ☐ CONSTITUTIONAL SYMPTOMS (headaches, body aches, nausea, vomiting, diarrhea)
- ☐ NEW MENTAL STATUS CHANGES / CONFUSION?
- ☐ REDUCTION OF NORMAL PULSE OX READINGS BY AT LEAST 3%?
- ☐ CHRONIC MEDICAL CONDITIONS (COPD, DIABETES, ASTHMA, DEMENTIA, IMMUNOCOMPROMISED STATE)

CALL 888-344-9222

7 days a week

8:00am – 6:00pm