CORONAVIRUS DISEASE 2019 (COVID-19)
Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection. COVID-19 is caused by a virus that can cause symptoms, such as fever, cough, and shortness of breath. The primary transmission from person to person is by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If the virus that causes COVID-19 spreads in the community, it could have severe public health consequences.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you. If your test result is positive, you will receive additional information from your provider and your local health department at that time.

- **Remain at home** until your provider or public health officials inform you that your test was negative or until all of the following criteria are met: 1) At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); 2) At least 10 days have passed *since your symptoms first appeared*.

- Keep a log of visitors to your home using the form provided. Notify any visitors to your home of your isolation status.

- If you plan to move to a new address or leave the county, notify the local health department in your county.

- Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you are being tested for the virus that causes COVID-19 so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next, notify the local health department in your county.

- If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19. Next, notify the local health department in your county.

- Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is found here: https://epi.ncpublichealth.info/cd/coronavirus/Home%20Care%20Isolation%20Guidance_PUI_030820.pdf?ver=1.1

- Your health and the health of our community are our top priorities. Public Health officials remain available to provide assistance and counseling to you about COVID-19 and compliance with this guidance.
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Provider: _______________________________________________________ Date: _____/_____/_______

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

__________________________________________________________________________________________________________________________________________ Date: _____/_____/_______

WHO DO I CALL?
You can find a list of local health departments here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments

Health Department: ________________________________________________________________
Contact Name: ______________________________________________________________
Telephone: ______________________________________________________________
Please sign below if your patient declines to sign the Guidance for Persons Under Investigation.

I ordered a COVID-19 test and provided the Guidance for Persons Under Investigation to my patient. However, my patient declined to sign the Guidance.

Patient Name: ____________________________________________________________

Provider: ___________________________________________________________ Date: _____/_____/_______