

COVID-19 RECOVERY FORM



For us to safely see patients and continue to work towards reducing community spread of the virus, MassTex Imaging, LLC requires this documentation to be completed and signed prior to your patient being scheduled.

This form is NOT required for patients who:

- have had an exposure to COVID-19 but never got the virus (they need an Exposure form)
- are quarantining per routine facility policy (i.e. after admission/transfer)
- were diagnosed **MORE THAN 1 month ago**

PATIENT NAME: _____

DOB: _____

VACCINATION STATUS: _____ UNVACCINATED

_____ RECEIVED PRIMARY SERIES OF PFIZER OR MODERNA **MORE THAN 6 MONTHS AGO** OR

JOHNSON&JOHNSON **MORE THAN 2 MONTHS AGO**

_____ RECEIVED BOOSTER

_____ RECEIVED PRIMARY SERIES OF PFIZER, MODERNA **LESS THAN 6 MONTHS AGO** OR

JOHNSON&JOHNSON **LESS THAN 2 MONTHS AGO**

DATE OF POSITIVE TEST RESULT: _____

	YES
Patient has been afebrile without the use of fever-reducing medications for 10 days .	
Patient has been without symptoms unrelated to concerns for dysphagia (e.g coughing, congestion, shortness of breath, chills, muscle aches) for 10 days .	

I attest that my patient has met the Center for Disease Control criteria for discontinuation of Transmission- Based Precautions.

Physician, PA, NP Signature

Date

Printed Name

Facility/Office Name and address

Please contact us with any questions at mbssonline@massteximaging.com, call us at 800.508.6277.