

# 's COVID-19 Preparedness Plan



[insert your name here]

Fill out this form before you get sick. That way, as soon as you feel symptoms, such as a cough, fever, fatigue, or difficulty breathing, you'll have the information a healthcare provider needs to determine if COVID-19 oral Rx treatment is right for you.



## Snapshot of My Health\*:

**Check all that apply to you in the list below.** In addition to certain medical conditions, some people are at a greater risk of COVID-19 becoming severe because of where they live or work, or because they can't get health care. This includes many people from racial and ethnic minority groups.

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|--|---|---|
| <input type="checkbox"/> 50 years or older   | <input type="checkbox"/> Disabilities (including attention-deficit/hyperactivity disorder [ADHD], learning disabilities, and intellectual/developmental disabilities) | <input type="checkbox"/> Overweight or obese  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Heart conditions   | <input type="checkbox"/> Physically inactive  |
| <input type="checkbox"/> Chronic kidney disease  | <input type="checkbox"/> HIV infection  | <input type="checkbox"/> Pregnant or recently pregnant  |
| <input type="checkbox"/> Chronic liver disease   | <input type="checkbox"/> Immunocompromised condition or weakened immune system  | <input type="checkbox"/> Sickle cell disease or thalassemia   |
| <input type="checkbox"/> Chronic lung disease (can include moderate-to-severe asthma, chronic obstructive pulmonary disease [COPD], including emphysema, and chronic bronchitis) | <input type="checkbox"/> Mental health conditions (Mood disorders, including depression, and schizophrenia spectrum disorders)  | <input type="checkbox"/> Smoking, current or former   |
| <input type="checkbox"/> Cystic fibrosis   |   | <input type="checkbox"/> Solid organ or blood stem cell transplant                                  |
| <input type="checkbox"/> Dementia  |   | <input type="checkbox"/> Stroke or cerebrovascular disease  |
| <input type="checkbox"/> Diabetes (Type 1 or Type 2)   |   | <input type="checkbox"/> Substance use disorders (such as alcohol, opioid, or cocaine use disorder) |
|  |   | <input type="checkbox"/> Tuberculosis   |

*\*This list does not include all possible conditions that put you at high risk of severe illness from COVID-19. If you have questions about a condition not included on this list, talk to your healthcare provider. Visit [CDC.gov](https://www.cdc.gov) for the latest information on high risk factors.*



## My Medications

Keep a list of the **medicines you take** on the lines below, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

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**Do you have kidney disease?** Yes/No

(In case you are asked, you can note your latest eGFR<sup>†</sup> here: \_\_\_\_\_)

<sup>†</sup>Estimated glomerular filtration rate.

**Do you have liver disease?** Yes/No

**Do you have any allergies to medications?** Yes/No

(If so, please list here: \_\_\_\_\_)



## What To Do If You Suspect COVID-19

Keep this information somewhere you can reference easily in case you test positive for COVID-19. That way, a healthcare provider, such as a telemedicine, urgent care, pharmacist, or COVID-19 Test-to-Treat provider, can use this information to determine whether an authorized oral treatment is right for you. Please note that they may need additional background information, such as your age and weight, to make a determination.

Oral treatments that can be taken from home must be started within the first 5 days of symptoms, so it's important to act fast at the first signs of COVID-19.