



RUHS – Public Health
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CONFIDENTIAL
RUHS PUBLIC HEALTH
DISEASE CONTROL
ASSESSMENT FOR TEMPORARY HOUSING – MONKEYPOX (MPX)

Monkeypox - General Assessment

Patient Name: _____ DOB: _____

Address: _____ Telephone: _____

Hospital: _____ Contact Person: _____ Telephone: _____

Health Care Provider: _____ Fax: _____

Date Hospitalized: _____ Date Swabbed: _____ Results Date: _____

1. What is the MPX test result? Positive Negative Indeterminate Pending
2. Is the patient symptomatic? No Yes Onset Date: _____
Has the patient been afebrile for 24 hours without antipyretics? Yes No
3. Does patient have lesions consistent with MPX? Yes No
4. Is patient clinically stable? Yes No
5. Can patient be safely isolated at home? Yes No _____
Reason
6. Are there High-Risk people in the household, who cannot be kept in a separate room from patient? No
7. If yes:
 - Young infant
 - Elderly
 - Immunocompromised
 - Other
8. Returning to same address? Yes Not returning to same address

(Address location)

Note: Temporary housing is not available for patients who test negative for MPX.

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Assessment for Temporary Housing

9. Is patient homeless? Yes No
10. Can Other housing arrangements be made? Yes No
11. Does patient require oxygen? Yes No
12. Is the patient on medication? Yes No If yes, specify _____

13. Does patient meet criteria for TPOXX treatment? Yes No
14. Does patient have substance abuse problem? Yes No Specify _____
15. Can patient perform their own ADL? Yes No
16. Clean their own room? Yes No
17. Does patient agree to follow the rules and to vacate the room upon request from the Public Health Department? Yes No
18. Is meal assistance needed? Yes No
19. Does patient have transportation? Yes No
20. Respiratory and contact precautions are required for transport to housing unit.
What company will be used? _____

Temporary Housing Approved: Yes Location _____
 No _____
Reason

Length of Projected Stay _____

Date Vacated _____ Time _____

Barbara Cole RN, MSN
Director Disease Control

Date