CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Only use this form for reporting COVID-19. Report to local health department within one working day.

DISEASE BEING REPORTED: COVID-19 — **Please write all dates as (mm/dd/yyyy)**

Patient Name - Last Name: Johnson | *First Name*: Joe | *MI*: R

Home Address: Number, Street: 3025 Wright Mountains | *Apt./Unit No.*: 402

City: Millville | *State*: CA | *ZIP Code*: 96062

Home Telephone Number: 530-835-4200 | *Cell Telephone Number*: 530-699-1066 | *Work Telephone Number*: n/a

Email Address: jjohnson@yahoo.com | *Primary Language*: [X] English [ ] Spanish [ ] Other:

Birth Date (mm/dd/yyyy): 11/16/1964 | *Age*: 56 | [X] Years [ ] Months [ ] Days

Gender: [ ] M to F Transgender [X] Male [ ] F to M Transgender [ ] Female [ ] Other

Pregnant? [ ] Yes [X] No [ ] Unknown

If yes, Estimated Delivery Date (mm/dd/yyyy):

Occupation or Job Title: scientist, water quality

[ ] *Health Care Worker (check if yes)*

[ ] *In Health Care Setting (check if yes)*

Country of Birth: USA

Close contact with a laboratory confirmed COVID-19 case? [X] Yes [ ] No [ ] Unknown

[ ] Household contact [X] Community contact [ ] Healthcare setting contact [ ] Non-healthcare workplace

Housing Status: [X] *Stably Housed* [ ] *Unstably housed* [ ] *Unknown*

5/27/2021 — *Date of Diagnosis*

Date of Death (if applies):

Ethnicity (check one): [ ] Hispanic/Latino [X] Non-Hispanic/Non-Latino [ ] Unknown

Race (check all that apply)

- [ ] African-American/Black
- [ ] American Indian/Alaska Native
- [ ] Asian *(check all that apply)*
  - [ ] Asian Indian [ ] Hmong [ ] Thai
  - [ ] Cambodian [ ] Japanese [ ] Vietnamese
  - [ ] Chinese [ ] Korean [ ] Other *(specify)*:
  - [ ] Filipino [ ] Laotian
- [ ] Pacific Islander *(check all that apply)*
  - [ ] Native Hawaiian [ ] Samoan
  - [ ] Guamanian [ ] Other *(specify)*
- [X] White
- [ ] Other *(specify)* [ ] Unknown

Congregate Setting (check if applies) [ ] Staff [ ] Resident [ ] Unknown

[ ] Assisted Living Facility [ ] Skilled Nursing Facility [ ] Shelter
[ ] Correctional Facility [ ] Hospital-Based Facility
[ ] Other

Name and City of Congregate Setting (s), if applies:

Reporting Health Care Provider: Kari Alexander, MD | *Reporting Health Care Facility*: St. Joseph home healthcare.inc

Address: Number, Street: 355 E Angeleno Ave | *Suite/Unit No*:

City: Burbank | *State*: CA | *ZIP Code*: 91502

Telephone Number: 043-631-0223 | *Fax Number*: 455-707-2354

Email Address: Karialexander@st.org | *Date Submitted*: 05/22/2021

REPORT TO:

(Obtain additional forms from your local health department.)

Laboratory Name: St. Joseph home health care, inc | *City*: Burbank | *State*: CA | *ZIP Code*: 91502

COVID-19: Hospitalization Status and Diagnostic Testing

Status at Time of Report

- [ ] Hospitalized, ICU
  - [ ] Intubated
  - [ ] Not Intubated
- [X] Hospitalized, non-ICU
- [ ] Not Hospitalized

Complete dates where applies

05/24/2021 — Date Hospitalized (if ever hospitalized)

Date Discharged (if previously hospitalized)

Date Intubated (if ever intubated)

Status History

Ever Hospitalized?	[X] Yes	[ ] No
Ever in ICU?	[X] Yes	[ ] No
Ever Intubated?	[ ] Yes	[X] No
Ever Placed on ECMO?	[ ] Yes	[X] No

Respiratory Complications

Clinical or Radiologic Evidence of Pneumonia (check all that apply): [X] None [ ] Clinical [ ] Radiologic

Clinical or Radiologic Evidence of ARDS (check all that apply): [X] None [ ] Clinical [ ] Radiologic

Imaging performed *(check all that apply)*

- [ ] *Chest X-Ray* — *Date Performed*
- [ ] *Chest CT Scan* — *Date Performed*
- [ ] *Other Chest Imaging Study* — *Date Performed*

COVID-19 Testing (Complete all that apply)

[ ] Nasopharyngeal PCR swab — Result: [ ] Positive [ ] Negative [ ] Indeterminate [ ] Pending — Date Collected: — Date Resulted:

[X] Oropharyngeal PCR Swab — Result: [ ] Positive [ ] Negative [ ] Indeterminate [X] Pending — Date Collected: 5/27/2021 — Date Resulted:

[X] Serology — Test Name: Wadsworth, microsphere immunoassay — FDA/EUA approved [X] Yes [ ] No [ ] Unknown
[ ] IgM only [ ] IgG only [X] IgM/IgG [ ] Unknown — Result: [ ] Positive [ ] Negative [ ] Indeterminate [X] Pending — Date Collected: 5/24/2021 — Date Resulted:

[X] Other: Cargo — Result: [ ] Positive [ ] Negative [X] Indeterminate [ ] Pending — Date Collected: 5/31/2021 — Date Resulted: 6/1/2021

Clinical Information

COVID-19 Symptoms (Check all that apply)

[ ] None	[X] Fever >100.4F, 38C	[X] Subjective fever
[ ] Cough	[ ] Sore throat	[X] Runny nose (Rhinorrhea)
[ ] Shortness of breath	[ ] Difficulty breathing	[ ] Chills
[ ] Rigors	[X] Headache	[ ] Muscle aches (myalgias)
[X] Loss of smell	[X] Loss of taste	
[ ] Nausea	[ ] Abdominal pain	[X] Vomiting
[ ] Other (specify):		[ ] Diarrhea

Date of first symptom onset: 5/21/2021

Travel to COVID-19 impacted area within 14 days of symptom onset? [X] Yes [ ] No [ ] Unknown — *If yes, destination(s)*: Saint Kitts and Nevis

Other diagnosis or etiology for respiratory condition? [ ] Yes (specify) [ ] No

Chronic Conditions (Check all that apply)

[ ] None	[ ] Unknown	[X] Diabetes
[ ] Cardiovascular disease	[ ] Hypertension	[ ] Chronic lung disease
[ ] Chronic kidney disease	[ ] Chronic liver disease	[X] Immuno-compromised
[X] Asthma	[ ] Neurological/neuro-developmental	[ ] Cancer
[ ] Obesity	[ ] Current smoker	[ ] Stroke
[ ] Other (specify):		

COVID-19 Specific Treatment (s)

Drug, Dosage, Route	Date Initiated
dutasteride, 4mg, IV	5/27/2021
lamotrigine, 7mg, IV	5/28/2021