CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING	KLFORILD.	COVID-19	Please v	write all dates as (mm/dd/yyyy)	
Patient Name - Last Name	e	First Name	l Mb	Ethnicity (check one)	
John	600	TOP	K	Hispanic/Latino Non-Hispanic/Non-Latino Unkno	nwn
Home Address: Number,	Street	^^	Apt/Unit No.	Race (check all that apply)	
2075	inight	Womains	002	African-American/Black	
City Jobs	0	State ZIP C	ode	American Indian/Alaska Native	
11:11 M	1	CA 9	6062	Asian (check all that apply)	
Home Telephone Number	r Cell Telephone	Number Work To	elephone Number	☐ Asian indian ☐ Hmong ☐ Thai	
520-8	35-420 630	- 450000 r	110	Cambodian Japanese Vietnamese	
Email Address		699- Primary	English Spanish	Chinese Korean Other (spec	ify):
ichno	son Quahoo.	Language	Other:	Elipino Laotian	
Birth Date (mm/dd/yyyy)	Age	Years Gender	M to F Transgender	Pacific Islander (check all that apply)	
11 116 1191	0/1 5/0	Months Male	F to M Transgender	Native Hawaiian Samoan	
1.114111	14 10	Days Female	Olher	Guamanian Other (specify)	
Pregnant? Yes	No Unknown	Occupation of		Otner (specify) Unknown	
If yes, Estimated Delivery	Date (mm/dd/yyyy)	5C10V	UKSt water	×	
Country of Birth		Health Can	e Worker (check it bes)		1
1161			are Setting (check if yes)	Shelled Nursing Facility Skilled Nursing Facility Shelled	er
Close contact with a labor	ratory confirmed COVID-1	3	1617-61	Correctional Facility Hospital-Based Facility	
Yes No Unknow		Stably Housed	517-1/2051	Other	
Household contact	_	Unstably housed	Date of Diagnosis	Name and City of Congregate Setting (s), if applies:	
7	lact Non-healthcare wor		Date of Death (if applied	-	
Reporting Health Care Pr		Reporting Health Gare Fac	ellitu		
Kan Ala	am repuns	54. Jos	ech home half	them.inc	
Address: Number, Street	,	- Ave	Suite/Unit No		
City O	Hogelen	State A ZIP C	Sode		
burban	k 0	CA 2" a	11502		
Telephone Number	1021-0100	Fax Number 7 1	236.1		
083-	051 0CC5	1455-101	12514		
Email Address:	in lesson de.	Oct aco Dat	ps 22 202	(Obtain additional forms from your local health department.)	
Laboratory Name	100 may a		Cityn \]	Close 7/II Code	
6+.		re health and incl	Bubank	State CA ZIP Code SD Z	
COVID-19: Hospitaliza	ation Status and Diagn	ostic Testing		Clinical Information	
Status at Time of Rep	Complete dates where applies	COVID-19 Testing (Con	npiete all that apply)	COVID-19 Symptoms (Check all that apply)	
Hospitalized, ICU	05/24/2021	Nasopharyngeal P	'CR swab	None Fever >100 4F, 38C Subjective fever	
Intubated	Date Hospitalized	Positive	Indeterminate	Cough Sore throat	
Not Intubated	(if ever hospitalized)	Result: Negalive			
Hospitalized, non-ICU	Date Discharged			Shortness of breath [Difficulty breathing Chills	
Not Hospitalized				Rigors Muscle acnes	
		Date Collected	Date Resulted	Rigors Muscle acnes Loss of smell Loss of taste (niyalgias)	
	(if previously hospitalized	Date Collected	Date Resulted	Rigors deatlache Muscle acnes Loss of taste (niyalgias) Nausea Abdominal pain Vomiting	
Status History		Date Collected Oropharyngeal PC		Rigors Loss of smell Nausea Other (specify): Diarrhea	
	(if previously hospitalized Date Intubated (if over intubated)	"		Rigors Loss of smell Nausea Other (specify): Date of first symptom onset 5 2 170 7	
Ever Hospitalized?	(if previously hospitalized Date Intubated (if ever intubated) Yes No	Oropharyngeal PC	R Swab	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Travel to COVID-19 impacted area within 14 days of symptom on the control of t	15et?
Ever Hospitalized? Ever in ICU?	Date Intubated (if ever intubated) Yes No Yos No	Oropharyngeal PC	R Swab	Rigors Loss of smell Nausea Other (specify): Date of first symptom onset Travel to COVID-19 impacted area within 14 days of symptom on SYes No Unknown II yes, destination(s):	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated?	Date intubated (if over intubated) Yes No Yes No Yes No	Oropharyngeal PC	R Swab	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Travel to COVID-19 impacted area within 14 days of symptom on the control of t	15 and
Ever Hospitalized? Ever in ICU?	Date Intubated (if ever intubated) Yes No Yos No	Oropharyngeal PC Result Positive Negative SL2-1001 Date Collected	R Swab Indeterminate Pending Date Resulted	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO?	Oate Intubated (if ever intubated) Yes No Yes No Yes No	Oropharyngeal PC Result Positive Negative SL2-1001 Date Collected	R Swab Indeterminate Pending Date Resulted	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated?	Oate Intubated (if ever intubated) Yes No Yes No Yes No	Oropharyngeal PC Result Positive Negative SL2-1001 Date Collected	R Swab Indeterminate Pending Date Resulted	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition Yes (specify): Other diagnosis (Check all that apply)	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic	Date intubated (if over intubated) Yes No Yes No Yes No Yes No Clinical or Radiologic	Oropharyngeal PC Result Positive Negative SLLLIOI Date Collected Serology Test Nat FDA/EUA approved	R Swab Indeterminate Pending Date Resulted The Resulted Figure 1 A Swap	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Travel to COVID-19 impacted area within 14 days of symptom of Yes No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition Yes (specify) Yes (specify) Chronic Conditions (Check all that apply) None	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia	(if previously hospitalized	Oropharyngeal PC Result Positive Negative SL2-1001 Date Collected	R Swab Indeterminate Pending Date Resulted The Resulted Figure 1 A Swap	Rigors Loss of smell Loss of taste Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Yes (specify) Chronic Conditions (Check all that apply) None Unknown Hypertension Corronic lung	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply)	Date intubated (if over intubated) Yes No Yes No Yes No Yes No Clinical or Radiologic Evidence of ARDS (check all that apply)	Oropharyngeal PC Result Positive SLLLLOI Date Collected Serology Test Nai FDA/EUA approved SIGM only IgG only Result:	R Swab Indeterminate Pending Date Resulted Impart And	Rigors Loss of smell Loss of taste Nausea Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition Yes (specify) No Chronic Conditions (Check all that apply) None Unknown Hypertension Cardiovascular Chronic liver disease Chronic liver disease	15 and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None	Date intubated (if over intubated) Yes No Yes No Yes No Yes No Clinical or Radiologic Evidence of ARDS (check all that apply)	Oropharyngeal PC Result Positive Negative SLLL 1001 Date Collected Serology Test Nat FDA/EUA approved National PCA/EUA app	R Swab Indeterminate Pending Date Resulted The Property of	Rigors Loss of smell Loss of taste Nausea Abdominal pain Other (specify): Date of first symptom onset No Covid to Covid to 19 impacted area within 14 days of symptom on 17 yes. No Unknown If yes, destination(s) Other diagnosis or etiology for respiratory condition Yes (specify) Chronic Conditions (Check all that apply) No Cardiovascular Chronic kidney Chronic kidney Chronic kidney Chronic kidney Compromised Compromised	Ks ound
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None Clinical	Date intubated (if over intubated) Yes No Yes No Yes No Yes No Clinical or Radiologic Evidence of ARDS (check all that apply) None Clinical	Oropharyngeal PC Result Positive SLLLLOI Date Collected Serology Test Nai FDA/EUA approved SIGM only IgG only Result:	R Swab Indeterminate Pending Date Resulted Inc.	Rigors Loss of smell Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown Yes (specify) Chronic Conditions (Check all that apply) Cardiovascular Chronic kidney Chronic kidney Muscle acnes Muscle acnes (niyalgias) Abdominal pain Vomiting Diarrhea Dia	Ks and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None	Date intubated (if over intubated) Yes No Yes No Yes No Yes No Clinical or Radiologic Evidence of ARDS (check all that apply)	Oropharyngeal PC Result Positive SLLLLOI Date Collected Serology Test Nai FDA/EUA approved SIGM only IgG only Result:	R Swab Indeterminate Pending Date Resulted Impart And	Rigors Loss of smell Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown Wes, destination(s) Other diagnosis or etiology for respiratory condition Yes (specify) Chronic Conditions (Check all that apply) None Cardiovascular Hypertension Chronic kidney rdisease Chronic kidney rdisease Nourrological/neuro- Muscle acnes Muscle acnes	Ks and
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None Clinical Radiologic	Clinical or Radiologic Evidence of ARDS (check all that apply) Radiologic Rad	Oropharyngeal PC Result Positive Negative Strology Test Nar FDA/EUA approved Market Positive IgM only IgG only Result: Negative Date Collected	R Swab Indeterminate Pending Date Resulted Inc.	Rigors Loss of smell Loss of taste Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Yes (specify): None Unknown Unknown Hypertension clisease Chronic kidney disease Asthma Concert Other diagnosis or etiology for respiratory conditions Chronic liver diease Chronic kidney disease Cancer Other diagnosis or etiology for respiratory conditions Cardiovascular clisease Chronic kidney disease Chronic kidney General smoker Stroke	Ks ound
Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None Clinical	Clinical or Radiologic Evidence of ARDS (check all that apply) Radiologic Rad	Oropharyngeal PC Result Positive SLLLLOI Date Collected Serology Test Nai FDA/EUA approved SIGM only IgG only Result:	R Swab Indeterminate Pending Date Resulted Inc.	Rigors Loss of smell Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s) Yes (specify): None Unknown Unknown Hypertension clisease Chronic kidney disease Chronic kidney disease Chronic kidney Chronic	n?
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Ever Hospitalized? Ever in ICU? Ever Intubated? Ever Placed on ECMO? Respiratory Complicate Clinical or Radiologic Evidence of Pneumonia (check all that apply) None Clinicat Radiologic Imaging performed (che Chest X-Ray	Clinical or Radiologic Evidence of ARDS (check all that apply) Date Performed Date Pe	Oropharyngeal PC Result Positive Result Positive SIZ-1201 Date Collected Serology Test Nat FDA/EUA approved Mark IgM only IgG only Mark Result: Positive Negative Other Com Positive	R Swab Indeterminate Pending Date Resulted Yes No Unknown IgM/IgG Unknown Indeterminate Pending Date Resulted	Rigors Loss of smell Nausea Nausea Abdominal pain Other (specify): Date of first symptom onset Yes No Unknown If yes, destination(s): Other diagnosis or etiology for respiratory condition Yes (specify): No Other chairmosis or etiology for respiratory condition Yes (specify): No Cardiovascular Chronic River disease Chronic kidney disease Chronic kid	13 202 5/25/25/25/25/25/25/25/25/25/25/25/25/25