State of California—Health and Human Services Agency

California Department of Public Health

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: Holt | First Name: Veronica | MI: A

Home Address: Number, Street: 6035 Maria Mills | Apt./Unit No.:

City: Hinkley | State: CA | ZIP Code: 92347

Home Telephone Number: N/A | Cell Telephone Number: 760-544-7152 | Work Telephone Number:

Email Address: Veronicaholt@hotmail.com | Primary Language: [X] English [ ] Spanish [ ] Other:

Birth Date (mm/dd/yyyy): 9/24/1959 | Age: 61 | [X] Years [ ] Months [ ] Days

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

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

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

Occupation or Job Title: biomedical scientist

[ ] Health Care Worker (check if yes)

[ ] In Health Care Setting (check if yes)

Country of Birth: US

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): [X] Staff [ ] Resident [ ] Unknown

[ ] Assisted Living Facility [ ] Skilled Nursing Facility [X] Shelter

[ ] Correctional Facility [ ] Hospital-Based Facility

[ ] Other

Name and City of Congregate Setting (s), if applies: Baker, Barstow and Hamilton, Hinkley

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

[ ] Household contact [ ] Community contact

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

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

Date of Diagnosis: 02/08/2021

Date of Death (if applies): 02/14/2021

Reporting Health Care Provider: Dr Benjamin Shaw | Reporting Health Care Facility: Serene Congregate Living, LLC

Address: Number, Street: 917 Concord Ln | Suite/Unit No.:

City: Redlands | State: CA | ZIP Code: 92374

Telephone Number: 492-105-2101 | Fax Number: 285-725-2003

Email Address: benjaminshaw94@serene.org | Date Submitted: 02/08/2021

REPORT TO:

(Obtain additional forms from your local health department.)

Laboratory Name: Serene congregate living, LLC | City: Redlands | State: CA | ZIP Code: 92374

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

Date Hospitalized (if ever hospitalized): 02/04/2021

Date Discharged (if previously hospitalized):

Date Intubated (if ever intubated):

Status History

Ever Hospitalized?	[X] Yes	[ ] No
Ever in ICU?	[ ] Yes	[X] 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)	Clinical or Radiologic Evidence of ARDS (check all that apply)
[ ] None	[X] None
[X] Clinical	[ ] Clinical
[ ] Radiologic	[ ] 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 [ ] Indeterminate [ ] Negative [ ] Pending

Date Collected: Date Resulted:

[X] Oropharyngeal PCR Swab

Result: [ ] Positive [ ] Indeterminate [ ] Negative [X] Pending

Date Collected: 02/11/2021 Date Resulted:

[X] Serology Test Name: Euroimmun, Elisa

FDA/EUA approved [X] Yes [ ] No [ ] Unknown

[ ] IgM only [X] IgG only [ ] IgM/IgG [ ] Unknown

Result: [ ] Positive [ ] Indeterminate [X] Negative [ ] Pending

Date Collected: 02/09/2021 Date Resulted: 02/14/2021

[X] Other granny

Result: [ ] Positive [ ] Indeterminate [ ] Negative [X] Pending

Date Collected: 02/07/2021 Date Resulted:

Clinical Information

COVID-19 Symptoms (Check all that apply)

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

Date of first symptom onset: 02/06/2021

Travel to COVID-19 impacted area within 14 days of symptom onset?

[ ] Yes [X] No [ ] Unknown If yes, destination(s):

Other diagnosis or etiology for respiratory condition?

[ ] Yes (specify) [ ] No

Chronic Conditions (Check all that apply)

[ ] None	[ ] Unknown	[ ] Diabetes
[ ] Cardiovascular disease	[X] Hypertension	[X] Chronic lung disease
[ ] Chronic kidney disease	[ ] Chronic liver disease	[ ] Immuno-compromised
[ ] Asthma	[ ] Neurological/neuro-developments	[ ] Cancer
[ ] Obesity	[X] Current smoker	[ ] Stroke

[ ] Other (specify)

COVID-19 Specific Treatment (s)

Drug, Dosage, Route	Date Initiated
etoposide, 75mg, IV	02/09/2021
caffeine, 67mg, IV	02/09/2021