## 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											
Patlant Name - Last Name	First Name MI				Ethnicity (check one)						
Home Address: Number, Street Apt/U					. No	Race (check all that apply)					
Apt/Unit					reg.	African-American/Black					
City			State ZIP Code			American Indian/Alaska Native Asian (check all that apply)					
Home Telephone Number Cell Telephone Number			ber Work Telephone Number			┦ 누	Asian (check a "Asian Indiar		Hmong	That	
			Trong representations				Cambodian		Jepanese	Vietnamese	
Email Address . Country of Birth		Primary English Spanish			Spanish	7 h	Chinese	- 1	Korean	Other (specify):	
Sirth Date (mm/dd/yyyy) Age	Years	Gender:	Male	Other:	Other:	┤⋢	Pacific Islande		il that apply)		
	Months			P to M	'	-l h	Native Hawa Guernanian		Samoan Other (apec	offich:	
Pregnant7 Yes No Unknown EDD					Unknown	white end was					
Congregate setting (check if applies)			Fumple F to M Dedicat to state What is the patient's sexual orientation?				Other (specify): Unknown  Close contact with a laboratory confinned COVID-19 case?				
Staff Resident Unknown			Helerosevuel Guyft, esblan/Homosexuel				Yea No Unknown Additional Contact Details (If applies)				
Assisted Living Facility Skilled Nursing Facility Sheller Correctional Facility Hospital-Based Facility Clinic							Household consect				
Correctional Facility Hospital-Based Facility Clinic Other (apecity)							mmunity conte y healthcare co				
Name,City of Congregate Setting(s) (if applies):			Healthcare Worker In Healthcare Setting				rkplace contac				
			Stable Unstable Unknown								
						REPORT TO:					
Address: Number, Street				Sulte/Un	It No.						
City		State	ZIP C	ode		1					
Telephone Number	Fex Nu	mber				1					
Email Address:			Dat	e Submitted		١ "	Objelo establica	al forms f	inen unur finesi	health department.)	
Laboratory Name			-	Att.		4 15			Z/P Code	meani deperanenta	
COVID-19: Hospitalization Status and Diagnostic Testing &				City			s	tate	ZIP Code		
COVID-19: Hospitalization Status and Diag	nostic Tea	ting Die									
Status at Time of Report   Complete dates	$\overline{}$		gnosis D		t apply)		CI	inical In	formation	et apply)	
Status at Time of Report Complete dates where applies	COVID		gnosis D	etu: nplete all thu	t apply)	CO □None	CI VID-19 Sym	inical In	formation Check all the >100.4F, 380	Subjective lever	
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Status at Time of Report  Hospitalized, ICU  Not Intubated  Hospitalized, non-ICU  Not Hospitalized  Deceased  Dete of Death (If ever intubated)  Status History	COVID-	PCR swat sult: Serology sult: Other Ante	gnosis D ing (Con h (NP and Positive Negative Test Nar Positive Negative	afer  Inplete all the liver OP)  Indete Pendi	ing minate	CO None Chille Sore to Difficu Loss of Vomit Derma Dete of	CI VID-19 Sym  Ihroat uity breathing of small ling stologic finding (specify): first symptom r reside in sn	Fever Rigore Cough Muscl Loss Abdon Throm	formation Check all the >100.4F, 38C to some sof taste minal pain mboses (e.g. st	Subjective lever Runny nose Shortness of Breath Headache Nausea Diarrhea	
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