

2019-nCoV ID:n/a
Specimen Sent to (Lab Name)

CONFIDENTIAL MORBIDITY REPORT
State of California - Health and Human Services Agency
California Department of Public Health

If sending a specimen to Public Health Lab for testing, submit this form with PH Lab Requisition Form and specimen. This form replaces the CCHS PUI Form.

If reporting a case, complete and fax this form to Public Health at 925-313-6465, along with the COVID test result and H&P or Progress Note.

Patient Demographics

First Name: Last Name: DOB:
Address: Phone:
Email:

Sex: ☐ Male ☐ Female ☐ Unknown ☐ Other **Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino
☐ Not Specified

Race: ☐ Asian ☐ Am. Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Unknown

PMH (check all that apply): ☐ HTN ☐ Cardiovascular Disease ☐ Asthma ☐ COPD ☐ Emphysema
☐ Chronic Liver Disease ☐ Chronic Renal Disease ☐ Immune Compromised Condition: ☐ Other:
☐ Smoker

SOS (Sensitive Occupations & Settings)—High Priority for Testing and Reporting

Patient resides/ works/ spends time in a setting that serves vulnerable populations** ☐ Yes ☐ No

Facility Name:
Setting Type:
Address:

** Settings where people live together or congregate closely in groups of 10 or more, such as residential care facilities, senior living facilities, shelters, day programs, group homes, or jails. Also includes patients who receive chemotherapy, dialysis, etc. in a healthcare facility. SOS does not include schools, preschools, or daycare facilities.

Patient is a Health Care Worker (HCW) or a First Responder? ☐ Yes ☐ No

Employer/Facility: Address:

Reporting Health Care Provider:

Agency/Facility: