

Santa Clara County COVID-19 Case Report Form (For instructions see "Reporting COVID-19 Cases")

Send via secure email (coronavirus@phd.sccgov.org) or secure fax (408-224-7046)

Today's date: _____ Healthcare Provider Name: _____ Provider phone: _____

Clinic/Hospital Name: _____

COVID-19 confirmed case home and work information

Patient last name: _____ Patient first name: _____

Date of birth: _____ Primary language: _____ MRN: _____

Race: American Indian/Alaskan Native Asian Black/African American White
 Native Hawaiian or other Pacific Islander Other Reported Race: _____ Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Current Gender identity: Male Female Trans male/Transman Trans female/Transwoman
 Genderqueer or non-binary Identity not listed Declined to answer Unknown

Sex assigned at birth: Male Female Declined to answer Unknown

Sexual orientation: Heterosexual or straight Bisexual Gay, lesbian, or same gender loving Orientation not listed
 Questioning/unsure/patient doesn't know Declined to answer Unknown

Housing: Stable housing Shelter Homeless Jail Long-term care facility Dormitory

Work/Live in congregate setting? Yes* No *If yes, is person: Resident Staff
For Congregate Setting (name & type): _____

Home address: _____ City: _____ State: _____ Zip: _____

Cell phone #: _____ Occupation: _____

Workplace/School and location (Name and/or address, please list all): _____

Clinical Status

Date of positive COVID19 test: _____ MIS-C (Multisystem Inflammatory Syndrome in Children) Yes No

Was case ever symptomatic? Yes No Date of symptom onset (if known): _____

Specify symptoms:

Fever or chills Cough SOB/Difficulty breathing Fatigue Nausea, diarrhea and/or vomiting
 Muscle/body aches Headache Loss of taste or smell Sore throat Other

Did the patient die? No Yes* *If yes, date of death: _____ Pregnant: No Yes

Hospitalization: No Yes* Unknown *If yes, fill in details below about hospitalization Hospital Admit Date: _____

Patient in ICU? No Yes Unknown

Additional Comments:

Patient on ECMO? No Yes Unknown

Patient intubated? No Yes Unknown

Comorbidities?

None Unknown COPD Other Chronic Lung Disease: _____
 Asthma Chronic Renal Disease Cardiovascular Immunocompromised, specify: _____
 Diabetes Chronic Liver Disease Current smoker Other comorbidities: _____

Other Health Risks: Former smoker Neurologic/neurodevelopmental conditions: _____

Contacts

Did patient have close contact with a lab confirmed COVID-19 case? No Yes Unknown
If yes, type of contact: Household contact Community contact Any healthcare contact*
If healthcare contact, specify: Patient Visitor Healthcare worker

If healthcare contact, specify healthcare facility location: _____

- I did not elicit close contacts. Below is the contact information for the patient's next of kin.
- The close contacts I was able to elicit are listed below.
 - I have already contacted them.
 - I did not contact them.

Next of Kin: Name _____ Phone _____

Close Contact #1:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
DOB: _____ Age: _____ Phone Number: _____ Language: _____
Household Contact: Yes No Notified: Yes No
Comments (i.e. relationship, any information caller will need): _____

Close Contact #2:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
DOB: _____ Age: _____ Phone Number: _____ Language: _____
Household Contact: Yes No Notified: Yes No
Comments (i.e. relationship, any information caller will need): _____

Close Contact #3:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
DOB: _____ Age: _____ Phone Number: _____ Language: _____
Household Contact: Yes No Notified: Yes No
Comments (i.e. relationship, any information caller will need): _____

Close Contact #4:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
DOB: _____ Age: _____ Phone Number: _____ Language: _____
Household Contact: Yes No Notified: Yes No
Comments (i.e. relationship, any information caller will need): _____

Close Contact #5:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
DOB: _____ Age: _____ Phone Number: _____ Language: _____
Household Contact: Yes No Notified: Yes No
Comments (i.e. relationship, any information caller will need): _____

Continue listing additional contacts on the next pages, if needed.

Close Contact #6:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #7:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #8:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #9:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #10:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #11:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #12:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #13:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #14:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #15:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #16:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #17:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #18:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____

Close Contact #19:

Last Name: _____ First Name: _____ Date of Last Exposure: _____
 DOB: _____ Age: _____ Phone Number: _____ Language: _____
 Household Contact: Yes No Notified: Yes No
 Comments (i.e. relationship, any information caller will need): _____