2019-nCoV ID: _____

Specimen Sent to (Lab Name):_____

CONTRA COSTA HEALTH SERVICES

# COVID-19 Confidential Morbidity Report (CMR)

**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

Last Name: _____ First Name:_____ DOB (MM/DD/YYYY): ____/_____/_____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

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

Race (check all that apply): □ Asian □ Am. Indian/Alaska Native □ Black □ Native Hawaiian/Other Pacific Islander □ White □ Unk

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

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

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?** □ No □ Yes

Employer/Facility: _____ Address: _____

**Reporting Health Care Provider:**_____

Agency/Facility:_____

Address:_____

Phone: _____

**Is the Patient?**

□ Pregnant, Est delivery date: _____

□ Deceased, Date of Death: _____

**Patient Given Home Isolation Instructions** □ Yes

**Is the Patient Hospitalized?**

□ Unknown

□ No

□ Yes and is

□ Currently Hospitalized at Reporting Facility

□ Currently at _____

| During this illness, did the patient experience any of the following symptoms? | Symptom Present? | | |
|---|---|---|---|
| Fever >100.4F (38C) | □ Yes | □ No | □ Unk |
| Subjective fever (felt feverish) | □ Yes | □ No | □ Unk |
| Chills | □ Yes | □ No | □ Unk |
| Muscle aches (myalgia) | □ Yes | □ No | □ Unk |
| Sore throat | □ Yes | □ No | □ Unk |
| Cough (new onset or worsening of chronic cough) | □ Yes | □ No | □ Unk |
| Shortness of breath (dyspnea) | □ Yes | □ No | □ Unk |
| Nausea or vomiting | □ Yes | □ No | □ Unk |
| Abdominal pain | □ Yes | □ No | □ Unk |
| Diarrhea (≥3 loose/looser than normal stools/24hr period) | □ Yes | □ No | □ Unk |
| Other, specify: | □ Yes | □ No | □ Unk |