Whatcom County Health Department
Report Line: 360-778-6150
Confidential Fax number: **360-778-6103**

Please fax this report for any *(including serology)* POSITIVE COVID-19 cases identified through your facility. Enter as much information as you have available.

Date Completed: ____/____/_______ **Name:**______________________ **Contact Number:** (____)___________

Positive COVID-19 Report form

(can also be used for epi-linked cases without labs)

PATIENT

Last name:___________________________ **First name:**_____________________________ **DOB:** ___/___/_____
Address: _____________________ **Patient Phone:**(____)_____________ **Primary language:**______________
Employed: ☐ No ☐ Yes, where:______________ High Risk? ☐ No ☐ Yes, detail:________________
Works or volunteers in high risk setting? ☐ No ☐ Yes, detail: ☐ Hospital ☐ Long term care ☐ Other:________________

EPIDEMIOLOGY

☐ **Asymptomatic (no symptoms)**
First Symptom Onset: ____/_____/______
(check all that apply)

☐ Fever, Date: ____/____/________ If recorded, highest temp _______°F	☐ Body aches	☐ Nausea
☐ Cough, Date: ____/____/________	☐ Chills	☐ Abdominal pain
☐ Shortness of Breath or difficulty breathing	☐ Sore Throat	☐ Headache
	☐ Sinus Congestion	☐ loss of taste
	☐ Pneumonia	☐ loss of smell
	☐ Diarrhea	☐ Other:

Was the patient hospitalized due to this illness? ☐ Yes ☐ No ☐ Unk

EXPOSURE HISTORY

Did the patient have a known exposure 1-14 days before symptoms onset (or likely past exposure if asymptomatic)?

☐ Unk ☐ No ☐ Yes, detail below:
☐ Confirmed COVID-19 case (Name of case if known:______________) ☐ Healthcare ☐ Public venue
Date of first exposure: ____/____/_______ Date of last exposure: ____/____/_______
Details:

Travel 1-14 days before symptoms onset (or relevant past travel history if asymptomatic)?

☐ Unk ☐ No ☐ Yes, detail below:
Travel destination:_________________ Arrival date:___/____/______ Return date: ___/____/______
Details:

LAB RESULTS

Please fax copy of lab results with this report.

COVID-19 Test	Result	Date
PCR/EIA ☐Rapid/POC	☐ Pos ☐ Neg ☐ Equiv ☐ Not done ☐ Pending	____/____/________
IgM	☐ Pos ☐ Neg ☐ Equiv ☐ Not done ☐ Pending	____/____/________
IgG	☐ Pos ☐ Neg ☐ Equiv ☐ Not done ☐ Pending	____/____/________
IgA	☐ Pos ☐ Neg ☐ Equiv ☐ Not done ☐ Pending	____/____/________
Total ab	☐ Pos ☐ Neg ☐ Equiv ☐ Not done ☐ Pending	____/____/________