COLLIN COUNTY HEALTH CARE SERVICES COVID-19 REPORT FORM

Reporting Physician Information

Physician's Name:

Physician's Address:

Physician's Phone #: | **City:** | **State:** | **County:**

Demographics

Last Name: | **First Name:** | **MI:**

Street Address: | **City:**

State: | **Zip Code:** | **County** | **DOB:** | **Age:** | **Sex:** ☐ M ☐ F

Race: ☐White ☐Black ☐ Asian ☐Native American ☐Other ☐Unknown

Ethnicity: ☐Hispanic ☐Not Hispanic ☐Unknown

If female, pregnant? ☐ YES ☐ NO

If female, pregnant? ☐ YES ☐ NO

If pregnant, how many weeks?

Primary Phone Number:

Alternate Phone Number:

Clinical Patient History

Is the patient symptomatic? ☐ YES ☐ NO

Date of 1st Symptom:

Duration of Illness:

Symptoms, check all the apply: ☐Fever Temp:_________ ☐Subjective Fever ☐Chills ☐ Conjunctivitis ☐Myalgia ☐Runny Nose ☐Sore Throat ☐Headache ☐Cough ☐Shortness of Breath ☐Abdominal Pain ☐Diarrhea ☐Vomiting ☐Nausea ☐Other:

Pre-existing medical conditions?

Other Respiratory Diagnostic Testing:

Test	Positive	Negative	Not Done
Influenza rapid Ag			
Influenza PCR			
Rapid Strep			
RSV PCR			
H. metapneumovirus			
Parainfluenza (1-4)			
Adenovirus			
Rhinovirus/enterovirus			
Coronavirus (OC43, 229E, HKU1, NL63)			
M. pneumoniae			
C. pneumoniae			
Legionella Ag			
Other, Specify:__________________			

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Travel History of Patient		
Country(s) and cities within each country visited and dates of travel:		
Country	**Cities Within the Country**	**Dates**

Testing for 2019 Novel Coronavirus (COVID-19)

Date Specimen Collected:

Specimen Type: ☐NP Swab ☐OP Swab ☐ Other:_____________

Testing order through: ☐Commercial Lab, Specify: ____

☐Public Health Lab (MUST HAVE PRIOR APPROVAL)

DO NOT REPORT PENDING TESTS, ONLY POSITIVE OR NEGATIVE. POSITIVE CASES MUST INCLUDE THE LAB RESULT AND THE DEMOGRAPHICS FOR THE PATIENT. DEMOGRAPHICS DO NOT NEED TO BE REPORTED WITH NEGATIVE RESULTS.

Other Comments:

Name of Person Reporting:	Contact Number:	Date of Report:

Please answer all questions on this form. Fax completed forms to Collin County Health Care Services Epidemiology fax 972-548-4436. If you have any questions please call 972-548-4707.

Collin County Health Care Services cannot evaluate patients for COVID-19 or collect specimens for COVID-19 or perform lab testing.