<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record ID</td>
<td></td>
</tr>
<tr>
<td>Case Creation Date</td>
<td></td>
</tr>
<tr>
<td>Case Number</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction</td>
<td>ELP</td>
</tr>
<tr>
<td>Notification date</td>
<td></td>
</tr>
<tr>
<td>Data entry person</td>
<td></td>
</tr>
<tr>
<td>Patient's name (Last name, First name)</td>
<td></td>
</tr>
<tr>
<td>Birth date</td>
<td></td>
</tr>
<tr>
<td>Calculated Age</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
Race

- [ ] White
- [ ] Black
- [ ] Asian
- [ ] Pacific Islander
- [ ] Native American/Alaskan
- [ ] Unknown
- [ ] Other

Other:

__________________________________

Hispanic

- [ ] Yes
- [ ] No

Address:

______________________________
(street)

City:

______________________________
(city)

Zip Code:

______________________________

State:

______________________________

Home phone:

(915/555-1212)

Cell phone:

(915/555-1212)

Investigator’s name:

______________________________

Investigation start date:

(yyyy-mm-dd)
Reported by (Lab)  
- DPH Lab  
- Quest  
- Lab Corp  
- CPL  
- Other  
- WBAMC  
- STATE  

Name of Laboratory (Other)  ________________________________  

Reported by (Hospital, HCP)  
- THOP- East  
- THOP- Transmountain  
- THOP- Memorial  
- THOP- Sierra  
- THOP- Horizon  
- EPCH  
- UMC  
- Las Palmas MC  
- Del Sol MC  
- WBAMC  
- Other  

Name of reporting facility  ________________________________  

**COVID-19 FACTORS**  

Underlying medical conditions?  
- No  
- Yes  
- Unknown  

Underlying condition:  ________________________________  

Disabilities  ________________________________  

Does the patient have medical insurance?  
- Yes  
- No  

Type of medical insurance  
- Private  
- Medicaid  
- Medicare  
- Other  

Other insurance  ________________________________
Travel (Including Juarez and New Mexico):
- No
- Yes
- Unknown

Travel history:

______________________________

Is the case a Health care worker?

- Yes
- No

Unemployed:
- No
- Yes
- Unknown

Name of employer:

______________________________

Employer's address

______________________________

Occupation:

______________________________

Last day at work

(yyyy-mm-dd)

Student?
- No
- Yes
- Unknown

Name of school:

______________________________

Is the patient in a shelter?

- Yes
- No

Name of the shelter

______________________________

Is the patient in a correctional/detention facility?

- Yes
- No
Please indicate whether staff or resident

- [ ] Staff
- [ ] Resident

Name of the facility

______________________________

Resident or staff at a nursing home or assisted living facility:

- [ ] Yes
- [ ] No

Please indicate whether staff or resident

- [ ] Staff
- [ ] Resident

Name of nursing home or assisted living facility

______________________________

Is the case part of a home health care agency?

- [ ] Yes
- [ ] No

Please indicate whether staff or patient

- [ ] Staff
- [ ] Patient

Name of Home Health Care Agency

______________________________

Is the case a patient/staff at a behavioral or mental health facility?

- [ ] Yes
- [ ] No

Please indicate whether staff or patient

- [ ] Staff
- [ ] Patient

Name of the facility

______________________________

Associated to a confirmed COVID-19 case:

- [ ] No
- [ ] Yes
- [ ] Unknown

Associated case name (s):

______________________________

Have you attended any parties or reunions 14 days prior to onset of symptoms:

- [ ] No
- [ ] Yes
- [ ] Unknown
HOSPITALIZATION

Hospital admission?
- ☐ No
- ☐ Yes
- ☐ Unknown

Hospital name

__________________________________

Admission date:

(yyyy-mm-dd)

Onset of symptoms date:

(yyyy-mm-dd)

Symptoms
(symptom|symptom|symptom|)
- ☐ Symptomatic
- ☐ Asymptomatic

Symptoms

__________________________________

ICU Admission?
- ☐ No
- ☐ Yes
- ☐ Unknown

ICU admission date:

(yyyy-mm-dd)

Discharged from ICU?
- ☐ Yes
- ☐ No

Discharge ICU date:

(yyyy-mm-dd)
Ventilator:

- No
- Yes
- Unknown

Start of ventilator date: ______________________
(yyyy-mm-dd)

Out of Ventilator?  
- Yes
- No

Out of ventilator date: ______________________
(yyyy-mm-dd)

Discharged from hospital:  
- Yes
- No
- Unknown

Discharge date: ______________________
(yyyy-mm-dd)

Ambulance Transport?  
- No
- Yes
- Unknown

Ambulance transport date: ______________________
(yyyy-mm-dd)

Expired?

- No
- Yes
- Unknown

Date of death: ______________________
(yyyy-mm-dd)

Cause of death:  
- COVID-19 related
- non-COVID-19 related
- Under investigation
SECTION 2 – Case Contact Investigation

From 48 hours before onset of symptoms identify all the exposures that the patient had (home, work, friends, etc.).

Classify them according to DSHS exposure risk categories.

HIGH RISK CONTACTS

Contacts entry date

(yyyy-mm-dd)

High risk name 1:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 2:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address
Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 3:


Date of Birth:

(yyyy-mm-dd)

Phone #, Address


Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 4:


Date of Birth:

(yyyy-mm-dd)

Phone #, Address


Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 5:


Date of Birth:

(yyyy-mm-dd)
Phone #, Address

__________________________________

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 6:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 7:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 8:

__________________________________
Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 9:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 10:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)
MEDIUM RISK CONTACTS

Medium risk name 1:
__________________________________

Date of Birth:
__________________________________
(yyyy-mm-dd)

Phone #, Address
__________________________________

Date last contact with confirmed case:
__________________________________
(yyyy-mm-dd)

Medium risk name 2:
__________________________________

Date of Birth:
__________________________________
(yyyy-mm-dd)

Phone #, Address
__________________________________

Date last contact with confirmed case:
__________________________________
(yyyy-mm-dd)

Medium risk name 3:
__________________________________

Date of Birth:
__________________________________
(yyyy-mm-dd)

Phone #, Address
__________________________________
Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 4:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 5:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

(yyyy-mm-dd)

 Medium risk name 6:

__________________________________

Date of Birth:

(yyyy-mm-dd)
Phone #, Address

____________________________________

Date last contact with confirmed case:

______________________________
(yyyy-mm-dd)

Medium risk name 7:

____________________________________

Date of Birth:

______________________________
(yyyy-mm-dd)

Phone #, Address

____________________________________

Date last contact with confirmed case:

______________________________
(yyyy-mm-dd)

Medium risk name 8:

____________________________________

Date of Birth:

______________________________
(yyyy-mm-dd)

Phone #, Address

____________________________________

Date last contact with confirmed case:

______________________________
(yyyy-mm-dd)

Medium risk name 9:

____________________________________
Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 10:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

LOW RISK CONTACTS

Low risk name 1:
Low risk name 2:

__________________________________

Date of Birth:

__________________________________

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

__________________________________

Low risk name 3:

__________________________________

Date of Birth:

__________________________________

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

__________________________________

Low risk name 4:

__________________________________

Date of Birth:

__________________________________

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:
Low risk name 5:

__________________________________

Date of Birth:

_______________________________

(yyyy-mm-dd)

Phone #, Address

_______________________________

Date last contact with confirmed case:

_______________________________

Low risk name 6:

__________________________________

Date of Birth:

_______________________________

(yyyy-mm-dd)

Phone #, Address

_______________________________

Date last contact with confirmed case:

_______________________________

Low risk name 7:

__________________________________

Date of Birth:

_______________________________

(yyyy-mm-dd)

Phone #, Address

_______________________________

Date last contact with confirmed case:

_______________________________
Low risk name 8:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

__________________________________

Low risk name 9:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:

__________________________________

Low risk name 10:

__________________________________

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

__________________________________

Date last contact with confirmed case:
COVID-19 confirmed case needs to remain in self-isolation for 14 days after onset of symptoms. You should follow-up with this patient. \( \text{ONSET OF SYMPTOMS DATE } [\text{dt_onset}] + 14 \text{ DAYS} = \)

\[ \text{(yyyy-mm-dd)} \]

**SECTION 3 – To be completed 14 days after onset of symptoms.**

**Hospital re-admission:**
- \(\text{No}\)
- \(\text{Yes}\)
- \(\text{Unknown}\)

**Re-admission date:**

\[ \text{(yyyy-mm-dd)} \]

**ICU admission:**
- \(\text{No}\)
- \(\text{Yes}\)
- \(\text{Unknown}\)

**ICU Re-admission date:**

\[ \text{(yyyy-mm-dd)} \]

**ICU Re-admission discharge date:**

\[ \text{(yyyy-mm-dd)} \]

**Ventilator:**
- \(\text{No}\)
- \(\text{Yes}\)
- \(\text{Unknown}\)

**Re-admission start of ventilator date:**

\[ \text{(yyyy-mm-dd)} \]

**Re-admission end of ventilator date:**

\[ \text{(yyyy-mm-dd)} \]

**Hospital Re-admission Discharge Date:**

\[ \text{(yyyy-mm-dd)} \]
Ambulance Transport?
- No
- Yes
- Unknown

Ambulance transport date:

__________________________________
(yyyy-mm-dd)

Out of isolation?
- No
- Yes
- Unknown

Date out of isolation:

__________________________________
(yyyy-mm-dd)

Education level
- Elementary
- Middle school
- High school diploma
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- No education
- Refused to answer

Household income (per year)
- Less than $20,000
- Between $20,000-$30,000
- Between $30,000-$40,000
- Between $40,000-$50,000
- Between $50,000-$60,000
- Between $60,000-$70,000
- Between $70,000-$80,000
- Between $80,000-$90,000
- Between $90,000-$100,000
- Between $100,000-$125,000
- Between $125,000-$150,000
- Over $150,000
- Refused to answer

Did you follow home-quarantine recommendation?
- Yes
- No

Did you use a face-mask?
- Yes
- No

Do you follow regular hand-washing practices?
- Yes
- No

Recovered?
- Yes
- No
Media Reporting Date
__________________________________

Patient email address
__________________________________

Follow-up calls
☐ Yes
☐ No

Follow-up call #1 Date
__________________________________

Follow-up call#1 Notes
__________________________________

Follow-up call #2 Date
__________________________________

Follow-up call#2 Notes
__________________________________

Follow-up call #3 Date
__________________________________

Follow-up call#3 Notes
__________________________________

Follow-up call #4 Date
__________________________________

Follow-up call#4 Notes
__________________________________

Follow-up call #5 Date
__________________________________

Follow-up call#5 Notes
__________________________________

Do you have a second job?  
☐ Yes
☐ No

Employer's name #2
__________________________________

Employer's address #2
__________________________________

Have you been at restaurants 14 days prior onset of symptoms or collection date?  
☐ Yes
☐ No

Have you been visiting stores 14 days prior onset of symptoms or collection date?  
☐ Yes
☐ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been attending athletic clubs (gym) 14 days prior onset of symptoms or collection date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you attended any large gatherings such as concerts, events, etc... 14 days prior onset of symptoms or collection date?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>