



Acute Communicable Disease Control  
 313 N. Figueroa St., Rm. 212  
 Los Angeles, CA 90012  
 213-240-7941 (phone), 213-482-4856 (facsimile)  
 publichealth.lacounty.gov/acd/

# Notification From Medical Provider of COVID-19 Laboratory Results



## MEDICAL PROVIDER INFORMATION

Physician/Infection Preventionist Name		Facility Name	
Physician/ Infection Preventionist Pager/Phone number	E-mail Address	Date of Report	

## PATIENT INFORMATION

Patient Name-Last, First, Middle Initial		Facility name (if not living at home):		Date of Birth	Age	Sex
Address- Number, Street, Apt #			City	State	ZIP Code	
Primary Phone Number	Alternative Phone Number	Email Address				
Patient currently resides in: <input type="checkbox"/> Private residence <input type="checkbox"/> Hotel <input type="checkbox"/> Homeless <input type="checkbox"/> Detention facility <input type="checkbox"/> Nursing home/long-term healthcare <input type="checkbox"/> Residential Care/Assisted Living <input type="checkbox"/> School/University dorm <input type="checkbox"/> Military base <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____						
Occupation: <input type="checkbox"/> Healthcare Worker <input type="checkbox"/> Teacher <input type="checkbox"/> EMT <input type="checkbox"/> Other: _____						

## CLINICAL INFORMATION

Date of onset	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of admission	Medical Record Number		
Does the patient have the following signs and symptoms (check all that apply)?					
<input type="checkbox"/> None	<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Subjective Fever	<input type="checkbox"/> Abdominal pain	
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Chills	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Other, Specify: _____	
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Fever <sup>1</sup> (>100.4F or 38C)	<input type="checkbox"/> Vomiting or nausea	<input type="checkbox"/> Headache	<input type="checkbox"/> Unknown	
Severe Acute Lower Respiratory Illness: ( <input type="checkbox"/> pneumonia <b>OR</b> <input type="checkbox"/> ARDS): Chest x-ray/CT results: _____					
Pre-existing medical conditions (check all that apply):					
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cardiovascular disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic renal disease	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Neurologic disability	
<input type="checkbox"/> Other: _____					

## LABORATORY INFORMATION

Nasal pharyngeal swab:	Date of Collection: _____	Result: _____	Performing lab name: _____
Oropharyngeal swab:	Date of Collection: _____	Result: _____	Performing lab name: _____

## EPIDEMIOLOGY RISK FACTORS

Close contact\* with a laboratory-confirmed COVID-19 patient

\* Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

Travel history to affected geographic areas: (City/Region/Province/State/Country): \_\_\_\_\_

See current list: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Dates of Travel: To: \_\_\_\_\_ From: \_\_\_\_\_ Arrived in U.S.: \_\_\_\_\_

No known identifiable source

**SEND COMPLETED FORM TO THE ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM  
 BY FAX at (888) 397-3778 or SECURE EMAIL to [COVID19@ph.lacounty.gov](mailto:COVID19@ph.lacounty.gov).**