REPORT A DEATH ASSOCIATED WITH CORONAVIRUS DISEASE 2019 (COVID-19)

Coronavirus Disease 2019 (COVID-19) is immediately reportable to the local health department (LHD) per West Virginia Reportable Disease Rule 64 CSR-7. Providers should complete this form and fax to the LHD serving the patient's county of residence immediately. LHDs should assist completion as needed and immediately submit this form electronically to the West Virginia Department of Health and Human Resources (DHHR) via ChexOut.

MEDICAL PROVIDER INFORMATION

Physician Name:	Facility Name:
Physician Phone #:	Date of Report:

PATIENT INFORMATION

Patient Name (Last, First, Middle Initial):	Date of Birth:	Age:
	Sex: ☐ Male ☐ Female	
Address:		
City:	State:	Zip:
Occupation: ☐ Healthcare worker ☐ Teacher ☐ EMT ☐ Other: _____	Patient currently resides in: ☐ Nursing home/long-term care facility ☐ Private residence ☐ Shelter ☐ School/University dorm ☐ Other: _____	

CLINICAL INFORMATION

Date of Onset: Date of Death:	Hospitalized: ☐ Yes ☐ No Date of Admission: Medical Record Number:

Did the patient have any of the following signs and symptoms? (check all that apply)

☐ None ☐ Cough ☐ Shortness of breath ☐ Fever ☐ Muscle aches ☐ Diarrhea
☐ Chills ☐ Headache ☐ Abdominal pain ☐ Unknown ☐ Other:_____

Pre-existing medical conditions (check all that apply):

☐ None ☐ Unknown ☐ Pregnancy ☐ Diabetes ☐ Hypertension ☐ Cardiovascular disease
☐ Chronic pulmonary disease ☐ Asthma ☐ Chronic renal disease ☐ Chronic liver disease
☐ Immunocompromised ☐ Other: _____

LABORATORY INFORMATION

Date of Collection:	Result:	Lab:	Type (NP, BAL, etc.):

EPIDEMIOLOGICAL RISK FACTORS

☐ Close contact with laboratory confirmed cases
☐ Travel history to affected geographic areas (specify):
☐ Facility outbreak related
☐ Community cluster related
☐ No identifiable source

SUBMIT COMPLETED FORM ELECTRONICALLY IN CHEXOUT FOR PROPER REPORTING TO DHHR