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

Coronavirus Disease 2019 (COVID-19) is immediately reportable to the local health department per WV Reportable Disease Rule 64 CSR-7. Complete this form and send by secure fax to **(304) 558-8736**.

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

FAX COMPLETED FORM TO DHHR'S DIVISION OF INFECTIOUS DISEASE EPIDEMIOLOGY: (304) 558-8736