LONG BEACH HEALTH & HUMAN SERVICES
Department of Health & Human Services
2525 Grand Ave, Long Beach, CA 90815
562.570.4302

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: ☐ Private residence ☐ Hotel ☐ Homeless ☐ Detention facility ☐ Nursing home/long-term healthcare ☐ Residential Care/Assisted Living ☐ School/University dorm ☐ Military base ☐ Shelter ☐ Other: _____

Occupation: ☐ Healthcare Worker ☐ Teacher ☐ EMT ☐ Other: _____

Race/ Ethnicity ☐ Hispanic or Latino ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Unknown ☐ Other ☐ White

CLINICAL INFORMATION

Date of onset	Hospitalized? ☐ Yes ☐ No	Date of admission	Medical Record Number

Does the patient have the following signs and symptoms (check all that apply)?

☐ None ☐ Muscle aches ☐ Sore throat ☐ Subjective Fever ☐ Abdominal pain
☐ Cough ☐ Diarrhea ☐ Chills ☐ Runny nose ☐ Other, Specify:_____
☐ Shortness of breath ☐ Fever[1] (>100.4F or 38C) ☐ Vomiting or nausea ☐ Headache ☐ Unknown

Severe Acute Lower Respiratory Illness: ☐ pneumonia OR ☐ ARDS): Chest x-ray/CT results: _____

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 ☐ Neurologic disability
☐ Other:_____

LABORATORY INFORMATION

Nasal pharyngeal swab: Date of Collection: _____ Result: _____

Oropharyngeal swab: Date of Collection: _____ Result: _____

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 this completed form to the Communicable Disease Control Program within 24 hours of receiving positive results: Fax to 562.570.4374 or Secure Email to LBEpi@longbeach.gov

CONFIDENTIAL – This material is subject to the Official Information Privilege Act