Florida HEALTH

Coronavirus Disease 2019 (COVID-19)
Case Report Form

Contact Information

use date format: (MM/DD/YY)

Merlin Case ID	☐ New Report ☐ Update to previous report		Date CHD Notified Report Date
Reporting County	Interviewer Name	Interviewer Phone	Interviewer Email
Person Name (Last, First, M.I.):	Parent/Guardian Name (if Minor)		Person or Guardian Phone
Person Address: Number, Street, Apt #	City	County	State / ZIP Code
Reporting Facility Name (Hospital/Lab)	Reporting Facility Phone	IP's Name	Physician's Name
Reporting Facility Address	City	County	State / ZIP Code

Demographic Information

use date format: (MM/DD/YY)

Date of Birth	Age	Sex ☐ Male ☐ Female ☐ Other ☐ Unk	Ethnicity (check one) ☐ Hispanic/Latino ☐ Non-Hispanic ☐ Unk
Race (check one) ☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other: _____			Patient is a health care worker ☐Yes ☐No ☐Unk

Symptoms, Treatment

use date format: (MM/DD/YY)

Illness onset date	Person was symptomatic at initial interview ☐Yes ☐No, date person felt back to normal: ☐Unk

Check all symptoms that the person has experienced during illness and include date of onset:

☐ Fever	☐ No	☐Measured, highest temp:		☐Subjective	☐ Asymptomatic		
☐Dry cough	☐ No	☐Shortness of breath	☐ No	☐ Productive cough		☐ No	
☐Muscle aches	☐ No	☐Headache	☐No	☐ Abdominal pain		☐ No	
☐Vomiting	☐ No	☐Chills	☐No	☐ Runny nose		☐ No	
☐Nausea	☐ No	☐Diarrhea	☐ No	☐Loss of taste/smell		☐ No	
☐Sore throat	☐ No	☐Fatigue/weakness	☐ No	☐Other, specify:_____		☐ No	

Clinical Information:

Pregnant: ☐Yes ☐No ☐Unk

Did person die as a result of this illness? ☐Yes, date of death ☐No ☐Unk

Was person hospitalized for this illness? ☐Yes, date of admission ☐No ☐Unk Room # _____

Contact Tracing

Does the person have any close contacts? ☐Yes ☐No ☐Unk

Person had close contact with a laboratory-confirmed COVID-19 case ☐Yes ☐No ☐Unk

Potential Source Cases[1] (people who may have infected this case): ☐None

Name (last, first)	Merlin ID	Phone #	Date of last contact	Relationship

People this case exposed (for confirmed cases only): ☐None

Name (last, first)	Date of birth (MM/DD/YY)	Merlin ID	Phone #	Date of last contact	Relationship

Follow-up attempts:

Date	Time	Phone #	Outcome	Symptomatic ☐Yes ☐No ☐Unk	Method

Outcome at final contact attempt:

Date criteria for discontinuing isolation met:

Reason lost to follow-up:

Checked for contact information: ☐Yes ☐No ☐Unk

At least 3 contact attempts made: ☐Yes ☐No ☐Unk

1The infectious period is 2 days before symptoms onset (or specimen collection for asymptomatic cases) through the date they meet criteria for discontinuing isolation. Close contact is defined as being within 6 feet of a confirmed case for more than 15 minutes.

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Group Settings:

Person lives in a group setting ☐Yes ☐No

Person works in a group setting ☐Yes ☐No

Group setting type ☐ALF ☐Nursing home ☐LTCF ☐Correctional/Unit # _____ ☐Other: _____

Group setting name Group setting address

Clinical Information (extended)

Medical Record received: ☐Yes ☐No ☐Unk

Height: _____ cm Weight: _____ kg BMI: _____ kg/m^2

Check all diagnoses person has received and include date of diagnosis: ☐ None

☐ Abnormal chest X-ray ☐Abnormal chest CT ☐Pneumonia ☐ARDS

☐Renal Failure ☐Multisystem Inflammatory syndrome ☐Other, specify: _____

Check all underlying health conditions of the person: ☐ None

☐ Current smoker ☐ Former smoker ☐ Obesity ☐ Diabetes ☐ Chronic Lung Disease ☐ Asthma

☐ Chronic obstructive pulmonary disease (COPD) ☐ Chronic Kidney Disease ☐ Chronic Liver Disease ☐ Cardiac Disease

☐ Hypertension ☐ Neurologic/neurodevelopmental, specify: _____

☐ Immunocompromised, specify: _____ ☐ Other, specify: _____

If hospitalized:

Patient admitted to ICU ☐Yes ☐No ☐Unk Patient on ECMO ☐Yes ☐No ☐Unk

Patient received mechanical ventilation (MV)/intubation ☐Yes, total days with MV:_____ ☐No ☐Unk

Testing

Specify all non-COVID-19 testing performed:

Test Type	Specimen Collection Date (MM/DD/YY)	Result
☐ Influenza: Rapid test		☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____
☐ Influenza: PCR		☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____
☐ Influenza: Other test		☐ A ☐ B ☐ Positive ☐ Negative ☐ Pending ☐ Other: _____
☐ Respiratory syncytial virus		☐ Positive ☐ Negative ☐ Pending
☐ Human metapneumovirus		☐ Positive ☐ Negative ☐ Pending
☐ Adenovirus		☐ Positive ☐ Negative ☐ Pending
☐ Parainfluenza 1-4		☐ Positive ☐ Negative ☐ Pending
☐ Rhinovirus/enterovirus		☐ Positive ☐ Negative ☐ Pending
☐ Coronavirus (OC43, 229E, HKU1, NL63)		☐ Positive ☐ Negative ☐ Pending
☐ *Legionella pneumophila*		☐ Positive ☐ Negative ☐ Pending
☐ *Streptococcus pneumoniae*		☐ Positive ☐ Negative ☐ Pending
☐ *Mycoplasma pneumoniae*		☐ Positive ☐ Negative ☐ Pending
☐ *Chlamydia pneumoniae*		☐ Positive ☐ Negative ☐ Pending
☐ Other: _____		☐ Positive ☐ Negative ☐ Pending
☐ Blood culture		Specify organisms