

# Cuyahoga County Board of Health

Cluster ID: \_\_\_\_\_

COVID-19 Tracking Form v.4 [4/23/2020]

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M F Non-binary Unknown

If minor, parent/guardian(s) name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Text OK: Y N

Phone: \_\_\_\_\_ Text OK: Y N Email: \_\_\_\_\_

## Informant Information (if not patient)

Informant 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Information: \_\_\_\_\_

Informant 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Information: \_\_\_\_\_

<p><b>ISOLATION</b></p> <p><i>Isolation until d/c criteria met (check CDC guidance)</i></p>	<p><input type="checkbox"/> <b>Lab confirmed positive</b> Date: _____ ODRS # _____</p> <p><input type="checkbox"/> <b>Probable Positive</b> Symptom Onset Date: _____ ODRS # _____</p> <p>Related Case Name: _____</p> <p>Related Case ODRS # (if applicable): _____</p>	<p><input type="checkbox"/> <b>CDC &amp; ODH PUI Form</b></p> <p><input type="checkbox"/> <b>Isolation Letter/packet</b> Date sent: _____ Initials: _____</p> <p><input type="checkbox"/> <b>D/C Isolation</b> Date: _____</p> <p><input type="checkbox"/> <b>Letter</b> Date sent: _____ Initials: _____</p>
<p><b>QUARANTINE</b></p> <p><i>14 days from last contact or entry to country without symptoms</i></p> <p><b>Start:</b> _____</p> <p><b>End:</b> _____</p>	<p><input type="checkbox"/> <b>Traveler</b> Return date: _____</p> <p><input type="checkbox"/> <b>Case contact (confirmed/presumptive)</b> Exposure date: _____ Case Name: _____ Related Case ODRS # (if applicable): _____</p>	<p><input type="checkbox"/> <b>No contact (3 attempts doc.)</b></p> <p><input type="checkbox"/> <b>CDC PUI Form</b></p> <p><input type="checkbox"/> <b>Quarantine Letter/packet</b> Date sent: _____ Initials: _____</p>

