CUYAHOGA COUNTY
BOARD OF HEALTH

COMPLETE IF PROBABLE OR CONFIRMED CASE

Contact with known case or cluster during the 7 days prior to illness onset or testing?

☐ No ☐ Unknown

☐ Yes Specify Date: _____

Setting (check all that apply and include case/cluster name):

☐ Place of Employment: _____

☐ Community: _____

☐ Corrections Facility: _____

☐ Occupational context (other than healthcare): _____

☐ Congregate living: _____

☐ Staff ☐ Resident

☐ Healthcare: _____

☐ Staff ☐ Patient ☐ Visitor

☐ Household: _____

☐ Event/Gathering/Party:

Travel 14 days prior to illness onset or testing?

☐ No ☐ Yes ☐ Unknown

☐ International: _____

Did the case travel to China or have a history of being in a healthcare facility in China ? ☐ No ☐ Yes

☐ Out of State: _____

☐ In-State:

Outcomes

Did the patient develop pneumonia?

☐ No ☐ Yes ☐ Unknown

Dis the patient have acuterespiratory distress syndrome?

☐ No ☐ Yes ☐ Unknown

Did the patient have another diagnosis/etiology for their illness?

☐ No ☐ Yes ☐ Unknown

Did the patient have an abnormal chest X-ray?

☐ No ☐ Yes ☐ Unknown

Hospitalization?

☐ No ☐ Unknown

☐ Yes Facility: _____

Reason for Admission: _____

Admission Date: Discharge date:

ICU admission?

☐ No ☐ Unknown

☐ Yes If yes, total days: **Intubation?** ☐ No ☐ Yes ☐ Unk **ECMO?** ☐ No ☐ Yes ☐ Unk

Death?

☐ No ☐ Unknown

☐ Yes Date of death: Location of death:

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Case Detection

How was the case identified (check all that apply)?

☐ Clinical evaluation leading to testing
☐ Contract tracing of COVID-19 case, specify: _____
☐ Routine surveillance: _____
☐ Cluster investigation, specify: _____
☐ Unknown

Symptoms present during the course of infection?

☐ No ☐ Unknown			
☐ Yes ☐ Ongoing	☐ Resolved Date:		☐ Unknown date of resolution

Symptoms present?	**Date of onset:**	**During this illness, did the patient experience any of the following symptoms?**
☐ No ☐ Yes ☐ Unk		Fever > 100.4F (38C)
☐ No ☐ Yes ☐ Unk		Subjective fever (felt feverish)
☐ No ☐ Yes ☐ Unk		Chills
☐ No ☐ Yes ☐ Unk		Muscle aches (myalgia)
☐ No ☐ Yes ☐ Unk		Runny Nose (rhinorrhea)
☐ No ☐ Yes ☐ Unk		Sore throat
☐ No ☐ Yes ☐ Unk		Cough (new onset or worsening of chronic cough)
☐ No ☐ Yes ☐ Unk		Shortness of breath (dyspnea)
☐ No ☐ Yes ☐ Unk		Nausea/Vomiting
☐ No ☐ Yes ☐ Unk		Headache
☐ No ☐ Yes ☐ Unk		Abdominal pain
☐ No ☐ Yes ☐ Unk		Diarrhea
☐ No ☐ Yes ☐ Unk		Fatigue
☐ No ☐ Yes ☐ Unk		Backache
☐ No ☐ Yes ☐ Unk		Loss of taste or smell
☐ No ☐ Yes ☐ Unk		GI Bleed
☐ No ☐ Yes ☐ Unk		Nasal Congestion
☐ No ☐ Yes ☐ Unk		Altered mental status
☐ No ☐ Yes ☐ Unk		Loss of appetite
☐ No ☐ Yes ☐ Unk		Other neurologic symptoms, specify:
☐ No ☐ Yes ☐ Unk		Other, specify:

Risk factors and pre-existing medical conditions? ☐ No ☐ Yes ☐ Unk

☐ No ☐ Yes ☐ Unk	Chronic Lung disease (asthma/emphysema/COPD)	Specify:
☐ No ☐ Yes ☐ Unk	Diabetes Mellitus	
☐ No ☐ Yes ☐ Unk	Other Cardiovascular disease	Specify:
☐ No ☐ Yes ☐ Unk	Chronic Renal disease	Specify:
☐ No ☐ Yes ☐ Unk	Chronic Liver disease	Specify:
☐ No ☐ Yes ☐ Unk	Immunocompromised condition	Specify:
☐ No ☐ Yes ☐ Unk	Neurologic/neurodevelopmental/ intellectual disability/dementia	Specify:
☐ No ☐ Yes ☐ Unk	Other chronic disease	Specify:
☐ No ☐ Yes ☐ Unk	Hypertension	☐ ACEI use ☐ ARB use ☐Unk
☐ Current ☐ Former ☐ Never	Smoker? (specify if e-cigarettes/vaping)	

Testing Results

Flu Testing Result		**Date Collected:**		
☐ Negative	☐ Positive	☐ Pending	☐ Not Done	☐ Unknown
RSV Testing Result		**Date Collected:**		
☐ Negative	☐ Positive	☐ Pending	☐ Not Done	☐ Unknown
Other Respiratory Pathogen Testing Result		**Date Collected:**		
☐ Negative	☐ Positive	☐ Pending	☐ Not Done	☐ Unknown
COVID Testing Result at the time of interview		**Date Collected:**		
☐ Negative	☐ Positive	☐ Pending	☐ Not Done	☐ Unknown

Were there multiple COVID tests performed? ☐ No ☐ Yes ☐ Unk

Date Collected: _____ At: _____
☐ NP ☐ Saliva ☐ Blood ☐ Other:
☐ COVID ☐ Other _____ ☐ PCR ☐ Other: _____ ☐ Antibody, specify
☐ Pos ☐ Neg ☐ Unk

Date Collected: _____ At: _____
☐ NP ☐ Saliva ☐ Blood ☐ Other:
☐ COVID ☐ Other _____ ☐ PCR ☐ Other: _____ ☐ Antibody, specify
☐ Pos ☐ Neg ☐ Unk

☐ No testing done.
Did the case attempt to get tested and was declined? ☐ No ☐ Yes
If yes, case was declined testing, specify.

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Contact Tracing

During the 2 days prior to symptom onset until now -OR- the 2 days prior to positive test for asymptomatic cases:

Places Visited (work, met with friends, religious gatherings, gyms, ate, visited): ☐ Follow-up Complete

Location	*Dates*

Modes of travel: (plane, bus, train, private vehicles, ride sharing) ☐ Follow-up Complete

Travel Mode	*Departure location/date/time*	*Arrival location/date/time*	*Carrier/seat #*

Healthcare facilities: (where tested, ED visits, doctors' visits) ☐ Follow-up Complete

Facility Type	Name	Location	Reason for Visit	Dates Visited

Notes on follow-up:

Contacts copied/completed by: ______________________
Contacts copied/completed date: ____________________

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Contact Tracing - Individual Case Contacts

During the 2 days prior to symptom onset until now -OR- the 2 days prior to positive test for asymptomatic cases:

Case ID:	**ODRS #:**	**Case Name:** **Case Phone #:**	**Case DOB:**	**Date of Onset:**

Status of Investigation (initial when complete)	Name of Contact	Relationship to Case	Minor?	Contact Number	Last Date of Contact with Case	Essential Worker	Tested
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending
Needs to be contacted ☐ Y ☐ N ☐ Interview & form completed _______			☐ Y ☐ N			☐ Y ☐ N	☐ Pos ☐ Neg ☐ Pending

Notes:

Response Team Activity Log *(please sign name at the end of note)*

Date/Time	Notes