



Acute Communicable Disease Control  
 313 N. Figueroa St., Rm. 212  
 Los Angeles, CA 90012  
 213-240-7941 (phone), 213-482-4856 (facsimile)  
 publichealth.lacounty.gov/acd/

# Notification From Medical Provider of COVID-19 Laboratory Results



**FORM MUST BE TYPED OR THE AUTOMATED SYSTEM  
 WILL REJECT THE REPORT**

### 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
Patient's race or ethnicity? (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino/Spanish origin <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused				
Address- Number, Street, Apt #		City	State	ZIP Code
Primary Phone Number	Alternative Phone Number	Email Address		
Patient currently resides in: <input type="checkbox"/> Private residence <input type="checkbox"/> Hotel <input type="checkbox"/> Homeless <input type="checkbox"/> Detention facility <input type="checkbox"/> Nursing home/long-term healthcare <input type="checkbox"/> Residential Care/Assisted Living <input type="checkbox"/> School/University dorm <input type="checkbox"/> Military base <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____				
Occupation: <input type="checkbox"/> Healthcare Worker: If Hospital: Unit & Floor? _____ <input type="checkbox"/> Teacher <input type="checkbox"/> First Responder (fire, police, EMT) <input type="checkbox"/> Other: _____				

### CLINICAL INFORMATION

Date of onset	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of admission	Medical Record Number
Does the patient have the following signs and symptoms (check all that apply)?			
<input type="checkbox"/> None	<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Subjective Fever <input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Chills	<input type="checkbox"/> Runny nose <input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Fever <sup>1</sup> (>100.4F or 38C)	<input type="checkbox"/> Vomiting or nausea	<input type="checkbox"/> Headache <input type="checkbox"/> Unknown
Severe Acute Lower Respiratory Illness: ( <input type="checkbox"/> pneumonia <b>OR</b> <input type="checkbox"/> ARDS): Chest x-ray/CT results: _____			
Pre-existing medical conditions (check all that apply):			
<input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Chronic pulmonary disease			
<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic renal disease <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Neurologic disability			
<input type="checkbox"/> Current Smoker <input type="checkbox"/> Current e-cigarette or vape use <input type="checkbox"/> Other: _____			

### LABORATORY INFORMATION

Specimen type	Date of collection	Result	Performing lab name
Nasal pharyngeal swab			
Oropharyngeal swab			
Anterior nares swab			
Saliva			
Other:			

### 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.

No known identifiable source

**SEND COMPLETED FORM TO THE ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM  
 BY FAX at (310) 605-4274 or SECURE EMAIL to [COVID19@ph.lacounty.gov](mailto:COVID19@ph.lacounty.gov).**