

# SF Department of Public Health COVID-19 Case Report Form

CMR 063020

Today's date	Healthcare provider email
Healthcare provider name	Healthcare provider phone
Clinic, hospital, or other location of healthcare provider	

## COVID-19 Case: Information

Patient last name		Patient first name	
Date of Birth	MRN	Preferred language	
Gender	Other specify*	Sexual orientation	
Ethnicity (check all that apply) African American/ Black    Asian    Native Hawaiian or Other Pacific Islander (NHOPI)    Native American/Alaskan Latino/a    White    Multi-ethnic    Unknown			
Housing type		*Facility name	
Home Address		City, State, Zip	
Phone		Email	
Occupation		Occupation/School Location (Name & address)	
N/A			

## COVID-19 Case: Clinical Status and Laboratory Information

Date of Symptom Onset (if known)	Asymptomatic MIS-C (multi-inflammatory syndrome in children)	Name of testing site	Location of testing site
Type of test	Date of test	Test results	Pregnant Yes    No    Unknown
Hospitalization Outpatient    ED    Admitted (fill-in details below)    Not admitted			
Patient in ICU? Yes    No    Unknown		Additional comments	
Patient intubated?                      *If yes, date of death Yes    No    Unknown			
Did patient die?                      *If yes, immediately call the Public Health Department: 415-554-2830 Yes*    No			
Next of kin name		Relationship to deceased	Phone
Next of kin home address		City, State, Zip	
		Email	

## COVID-19 Case: *continued*

Did patient have close contact with lab confirmed COVID-19?

Yes No Unknown

Can case safely self-isolate in their own room and bathroom?

Yes No (please refer to I/Q hotel) Unknown

### Resources

- Those unable to isolate or quarantine may be referred for temp alt housing via the web-based form at <https://covid19isorequest.getcare.com/referral>
- If patients or contacts have social needs, refer to COVID food resources via clinic social worker, email [iqfeedingunit@sfgov.org](mailto:iqfeedingunit@sfgov.org) or direct patient to call 311
- CityTestSF website: [sf.gov/find-out-how-to-get-tested-coronavirus](http://sf.gov/find-out-how-to-get-tested-coronavirus)
- SF Health Network New Patient Line: 415-682-1740
- Link to [SFDPH self-isolation/self-quarantine documents](#)
- Mail/send via mychart DPH self-isolation documents. See [sfdcpc.org/covid-19](http://sfdcpc.org/covid-19), under "Isolation and Quarantine Directives"

## Close Contacts

Please list household contacts, intimate partners, or any other close contacts:

First name	Last name	DOB	~Age	Phone
Preferred language	Type of contact	Specify setting (name/location/phone)		Date of last contact
Known test status Positive Negative Unknown None Scheduled		Date of test	Risk factors Pregnant Immune suppression	
First name	Last name	DOB	~Age	Phone
Preferred language	Type of contact	Specify setting (name/location/phone)		Date of last contact
Known test status Positive Negative Unknown None Scheduled		Date of test	Risk factors Pregnant Immune suppression	
First name	Last name	DOB	~Age	Phone
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Known test status Positive Negative Unknown None Scheduled		Date of test	Risk factors Pregnant Immune suppression	

## Instructions

For the following categories of suspected OR lab-confirmed COVID-19 cases, please immediately call the SFDPH COVID-19 Clinical Consultation Line at (415) 554-2830 to report:

- Fatal confirmed case
- Case who is a patient or staff in a long-term care or skilled nursing facility
- Case who is experiencing homelessness, and/or living in congregate settings such as shelters, navigation centers, SROs, group residential, or correctional facilities
- Case who is a patient with MIS-C (Multi-Inflammatory Syndrome in Children)
- A cluster of 3 or more cases in health care workers at the same facility
- A cluster of 3 or more cases of unexplained pneumonia or deaths in a congregate setting not listed above

For lab-confirmed COVID-19 cases, please submit case reports within 24 hours of diagnosis by email or fax to SFDPH:

- Download a COVID-19 CMR from [www.sfdcp.org/covid19cmr](http://www.sfdcp.org/covid19cmr)
- Complete all relevant fields
- Send the complete form and supporting laboratory results via secure/encrypted email to [cdcontrol@sfdph.org](mailto:cdcontrol@sfdph.org) and [trace@sfdph.org](mailto:trace@sfdph.org) or fax both documents to (628) 217-7599

For the following situations, please contact the Clinical Consultation Line (415) 554-2830 for assistance with **contact tracing**: visited a healthcare facility, went to work, went to school, attended an event or meeting, attended a party, attended a funeral, went to religious service, visited a LTCF of SNF type of facility, or went on any flights

For additional questions about this form, please call (415) 554-2830 and follow the prompts to reach the Clinical Consultation Line.