HOUSTON HEALTH DEPARTMENT

Outbreak Management Unit (OMU)
COVID-19 Report Form

HOUSTON HEALTH DEPARTMENT

Directions:

1. Identify the reporting person in the *Reported by* space and include the date (mm/dd/yyyy) the information was sent to HHD. This should be the person who may be contacted at the facility and can provide additional information.
2. Complete the **Facility Information** section:
    a. Facility name, address, telephone, fax and email (if available).
    b. List the total number of positive cases you are reporting for the facility, including staff and residents and/or clients.
    c. Enter the date (mm/dd/yyyy) of the last positive confirmed case.
3. If reporting more than 1 positive case, only fill out the **Facility Information** section. Upon reporting, additional instructions will be provided.
4. Complete the **Patient Information** section for individual case reporting:
    a. Update the case name, date of birth (mm/dd/yyyy), race/ethnicity (White, Black or African American, Asian, other* / Hispanic or Non-Hispanic), gender**, Telephone, email, and address.
    b. Check if the case is asymptomatic or symptomatic.
    c. If symptomatic, list the date (mm/dd/yyyy) when symptoms began (symptom onset).
    d. If the case is symptomatic, check the symptoms the case is having. If the symptoms are not listed, enter then in the other section.
    e. Check the type of test performed: PCR, Rapid Antigen, or At-Home.
    f. List the date (mm/dd/yyyy) test was done.
    g. In additional information, please list if person was hospitalized and – or died and specify date (mm/dd/yyyy).
    h. List any other pertinent comments such as patient history, risk factors, etc.
5. Once this form has been completed, return it to HHD via one of the secure methods below:
    a. Email: COVID19-HHD-OMU@houtx.onmicrosoft.com
    b. Fax: 832-395-8978

**Other: Native Hawaiian or Pacific Islander; American Indian or Alaska Native; Multiple or other*
***Sex: Male, Female, Other*

Reset Form

HOUSTON HEALTH DEPARTMENT

OMU COVID-19 Report Form

Phone: 832-393-5080; Fax: 832-395-8978
Email: COVID19-HHD-OMU@houtx.onmicrosoft.com

Reported by:		**Date:**

FACILITY INFORMATION

Facility Name:			
Address:			
Telephone:	**Fax:**	**Email:**	
Number of positive	**Staff:**	**Residents:**	**Clients:**
Date of last positive:			

PATIENT INFORMATION

CASE DEMOGRAPHICS

First Name:		**Last Name:**
Date of Birth:	**Race/Ethnicity:**	**Gender:**
Telephone:	**Cellphone:**	**Email:**
Address:		

SYMPTOMS

Asymptomatic ○		**Symptomatic** ○	**Symptom onset date:**	
Fever □	**Cough** □	**Shortness of breath / difficulty breathing** □	**Fatigue** □	**Nausea** □
Muscle / body aches □	**Chills** □	**New loss of taste / smell** □	**Congestion / runny nose** □	
Sore Throat □	**Headache** □	**Vomiting** □	**Diarrhea** □	
Other (Please specify):				

TESTING

PCR (confirmatory) □ Test date:	**Rapid Antigen** □ Test date:	**At Home/Self-tests** □ Test date:

ADDITIONAL INFORMATION

Hospitalized Yes ○ No ○ Date:	**Died** Yes ○ No ○ Date:
Comments:	

HHD USE ONLY

HEDSS ID:	**Investigator:**

(Rev. 11/2022)