

# COVID DATA ELEMENTS REPORTING SHEET



<b>LAST NAME</b>	<b>FIRST</b>		
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>COUNTY</b>			
<b>DATE OF BIRTH</b> (MM/DD/YY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<b>PHONE NUMBER</b>			
<b>COVID Data Requirements</b>			
<b>RACE: (Circle One)</b> (AMER/INDIAN,ALASKAN NATIVE) (ASIAN) (NATIVE HAWIIAN/PACIFIC ISLANDER) (AFRICAN AMERICAN) (WHITE) (HISPANIC) (OTHER) (UNKNOWN)			
<b>ETHNICITY: (Circle One)</b> (NON HISPANIC) (HISPANIC) (UNKNOWN)			
<b>1. First Test?</b>	Circle One:	(Yes)	(No)   (Unknown)
<b>2. Employed in Healthcare?</b>	Circle One:	(Yes)	(No)   (Unknown)
<b>3. Symptomatic as defined by CDC?</b>	Circle One:	(Yes)	(No)   (Unknown)
<i>If yes to question 3 above Date of symptom onset: MM/DD/YY</i>			
<b>4. Hospitalized?</b>	Circle One:	(Yes)	(No)   (Unknown)
<b>5. ICU?</b>	Circle One:	(Yes)	(No)   (Unknown)
<b>6. Resident in a congregate setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting?)</b>			
Circle One:   (Yes)   (No)   (Unknown)			
<b>7. Pregnant?</b>	Circle One:	(Pregnant)	(Not Pregnant)   (Unknown)