

This form may be used by county health departments for persons under investigation (PUI) for possible patients who meet the definition of a COVID-19 PUI. Please create a case in Merlin for each PUI identified. If you have questions after hours, contact the Florida Department of Health Bureau of Epidemiology at 850-245-4401.

Contact Information use date format: (MM/DD/YY)															
Merlin Case ID								Date CHD Notified (/ /) Report Date (/ /))				
Reporting County Interviewer Name Interviewer Phone								Interviewer Email							
Person Name (Last, First, M.I.): Parent/Guardian Name (if Minor)									Person or Guardian Phone						
Person Address: Number, Street, Apt # City County								nty		State	ZIP	Cod	е		
Person lives in a group setting Yes No															
Group setting type ALF Nursing home LTCF Correctional Other:															
Group setting name Group setting address															
Reporting Facility	(Hospital)	Name	Reportin	g Facility	Phone		IP's	Nar	me	e Physician's Name					
Reporting Facility	Address			City				Cou	nty		State	ZIP	Cod	е	
How person was identified (check one) Clinician notified CHD Unusual lab result Ill traveler identified coming/returning to the US Other:															
Demographic Information use date format: (MM/DD/YY)															
Date of Birth (/ /) Age Sex Male Female Other Unk															
Race (check one) African-American/Black Asian/Pacific Islander Native American White Other:															
							Does the Yes	person have □No □Ur	-	se co	ntac	ts ¹ ?	>		
Symptoms, Treatment use date format: (MM/DD/YY)															
Illness onset date (/ /) Person was symptomatic															
Primary symptoms person has experienced during illness:															
Fever															
Dry cough	∐Yes	□No	□Unk	Onset	date (/	/)							
Productive cough	□Yes	□No	□Unk	Onset	date (/	/)							
Shortness of breath/dyspnea	∐Yes	□No	□Unk	Onset	date (/	/)							
Check all additional symptoms that the person has experienced during illness and include date of onset:															
☐ Sore throat (/ /) ☐ Headache (/ /) ☐ Chills (/ /)															
☐ Muscle aches	(/ /)	Nausea/\	omiting (/ /)			☐ Abd	ominal pain (/ /)			
☐ Diarrhea (/	/)		Runny no	se/rhinor	rhea (/	/)	☐ Othe	er, specify:		_ (/	/)

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Check all diagnoses person has received and include date of diagnosis:												
☐ Pneumonia(/ /) ☐ ARDS(/ /) ☐ Renal Failure(/ /)												
☐ Abnormal chest X-ray (/ /) ☐ Other, specify: (/ /)												
Check all underlying health	n conditions of the	e perso	n:									
☐ Diabetes ☐ Chronic Lung Disease ☐ Chronic Kidney Disease ☐ Chronic Liver Disease ☐ Cardiac Disease												
Hypertension Immunocompromised, specify: Neurologic/neurodevelopmental, specify: specify:												
Person is pregnant \Boxedarrow\text{Yes} \Boxedarrow\text{No} \Boxedarrow\text{Unk}												
Current smoker Yes	smoker	□Y€	es 🔲	No 🔲	Unk							
Patient has a non-COVID-19 etiology for their respiratory illness but has not responded to appropriate therapy									Unk			
Specify locations where person sought medical care for their illness:												
Location	Location Earliest date (MM/DD/YY)			Details								
☐ Doctor's Office												
☐ Health Department												
Urgent Care Clinic												
☐ Emergency Department												
Other												
Unknown												
Was person hospitalized for	this illness?	Yes, da	te of adr	nission	. /	/)	□No	□Unk	(
Did person die as a result of	this illness?	Yes, da	te of dea	ath (/	/)	□No	□Unk				
Risk Factors												
In the 14 days before symp	tom onset:											
Person traveled to or from geographic region Yes No Unk Destinations and dates including arrival to							val to the US					
with sustained community transmission												
Person had travel companions				□Unk	Nam	Names and phone numbers of travel companions						
Person traveled to or from	□No	□Unk	Dest	Destinations and dates including arrival to the US								
In China, person in a health care facility as a patient, worker, or visitor												
Patient is a health care worker in the US Yes No Unk												

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Risk Factors										
In the 14 days before symptom onset:										
Person had close contact ¹ with a laboratory-confirmed COVID-19 case	□Yes	□No	□Unk							
Case was ill at time of contact	□Yes	□No	□Unk							
Case was reported	□in US	□Ou	ıtside US	If outside US, specify country						
Types of contact:										
Household contact	□Yes	□No	□Unk							
Community contact	□Yes	□No	□Unk							
Health care contact	□Yes	□No	□Unk							
Person status at time of health care contact with lab-confirmed COVID-19 case:										
Patient	□Yes	□No	□Unk							
Visitor	□Yes	□No	□Unk							
Health care worker	□Yes	□No	□Unk							
Person is a member of a cluster of patients with medically attended respiratory illness of unknown etiology in which COVID-19 is being evaluated in consultation with state and local health departments	∐Yes	□No	□Unk	Person's relationship to each cluster member						
Person Contact										
If hospitalized:										
Patient is/was in a negative pressure room	□Yes	□No	□Unk	Patient admitted to ICU						
Patient is/was in a private room	□Yes	□No	□Unk	Patient on ECMO Yes No Unk						
Patient received mechanical ventilation (MV)/intubatio	on	☐Yes, t	otal days with MV:						
PPE health care personnel used when										
At time of interview, person was currently at a h	nealth car	e facilit	y 🗌 Ye	s □No □Unk						
If yes:										
Patient used surgical mask during transport	within cu	rrent he	ealth care	facility						

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¹ Close contact is defined as a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

Testing										
Specify all non-COVID-19 testing performed:										
Test Type	Specimen Co Date (MM/D		Result							
☐ Influenza: Rapid test			☐ A ☐ B ☐ Pending	☐ Positive ☐ Other:	☐ Negative					
☐ Influenza: PCR			☐ A ☐ B ☐ Pending	☐ Positive ☐ Other:	☐ Negative					
☐ Influenza: Other test				☐ A ☐ B ☐ Pending	☐ Positive ☐ Other:	☐ Negative ———				
Respiratory syncytial virus				☐ Positive	☐ Negative	☐ Pending				
Human metapneumovirus				Positive	☐ Negative	Pending				
Adenovirus				Positive	☐ Negative	Pending				
Parainfluenza 1-4				Positive	Negative	Pending				
Rhinovirus/enterovirus				Positive	Negative	Pending				
Coronavirus (OC43, 229E, HKU1,	, NL63)			Positive	Negative	Pending				
Legionella pneumophila			Positive	☐ Negative	Pending					
Streptococcus pneumoniae			Positive	☐ Negative	Pending					
☐ Mycoplasma pneumoniae ☐ Chlamydia pneumoniae			☐ Positive	☐ Negative ☐ Negative	☐ Pending ☐ Pending					
Other:			Positive	☐ Negative	Pending					
Blood culture			Specify organ							
Specify all specimens collected fo	r COVID-	19 testing:		1 - 1						
Specimen	Coll	lection Date IM/DD/YY)	Sent to BPHL							
Sputum			☐ Yes	□ No						
☐ Tracheal aspirate (TA)		☐ Yes	□ No							
☐ Bronchial alveolar lavage (BAL)		☐ Yes	□ No							
☐ Nasopharyngeal (NP)		☐ Yes	□ No							
Oropharyngeal (OP)			☐ Yes	☐ No						
Serum			☐ Yes	□ No						
Stool			☐ Yes	□ No						
Urine			☐ Yes	□ No						
Other:			☐ Yes	☐ No						
Other Notes										

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