

COVID-19 Case Log

County: _____

Facility: _____

List all residents and staff with any respiratory illness		Name	F or M	Codes Below	Date (m/d)	Check all that apply	Comments							Totals
							Check all that apply							
Resident or staff	Room number	Job duty code (staff only)	Cough	Shortness of breath	Emergency Dept Visit	Hospitalized	Did not provide care	Seen by provider	Lab Confirmed COVID-19?	Other Lab Results (e.g.: adenovirus, Legionella)	Lab results (e.g.: Legionella)	Comments	0 0 0 0 0 0 0 0 0 0 0 0	
Date of birth	Sex	Onset	Fever >100 F (Tmax)	Pneumonia	Shortness of breath	Emergency Dept Visit	Hospitalized	Did not provide care	Seen by provider	Lab Confirmed COVID-19?	Other Lab Results (e.g.: Legionella)	Comments	0 0 0 0 0 0 0 0 0 0 0 0	
													Totals	0 0 0 0 0 0 0 0 0 0 0 0

Use these codes for patient type

R	resident	A	administrative	M	maintenance
S	staff	F	food service	O	other
H	Housekeeping	H	housekeeping	P	patient care

Use these job codes for staff duties

Instructions:
Complete all columns for each person listed. Add rows as necessary.
Save and email form by secured email to Multnomah County Health Department, by fax at 503-988-3407 or as instructed. For help using this log contact the CD nurse at Multnomah County Health Department at 503-988-3406.