



New Hampshire Confidential COVID-19 Case Report Form v 9/20/2020 For Reporting Suspect and Confirmed Cases

Report Date: ___/___/___
New diagnosis
New hospitalization or death of previously confirmed patient
Only need to complete information in shaded areas.

Patient Information

Name (Last, First, M.I.), Date of Birth, Age, Sex, Address, City/Town, State, Zip, Phone: Cell, Home, Work

Race, Ethnicity, Occupation/Employment, Employer/Institution, Resident of

Symptoms and Clinical Information

Symptomatic?, Test Results, Test Type, Specimen Source, Collection Date, Location where specimen collected, Was appropriate PPE used

Is the patient hospitalized for their illness?, Hospital Location, In ICU, Required mechanical ventilation, Did the patient die?, Did the provider indicate that COVID-19 was a contributing cause of death?

Risk Factors/Reason for Testing (check all that apply within the 14 days prior to diagnosis or specimen collection if asymptomatic)

International/Domestic Travel, Contact to a case, No known risk factors, Additional Details

Health Care Provider Reporting Information

Person Reporting, Provider, Phone, Provider Facility/Practice Name, City/Town, State

Fax to: (603) 271-0545, Office Phone: 603-271-4496, For NH DHHS Use Only, Entered in NHEDSS, Assigned to Investigator, Confirmed, Probable, Suspect, Not a case