Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Basic information

<table>
<thead>
<tr>
<th>What is the current status of this person?</th>
<th>Ethnicity:</th>
<th>Date of first positive specimen collection (MM/DD/YYYY):</th>
<th>Was the patient hospitalized?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ PUI, testing pending*</td>
<td>☐ Hispanic/Latino Non-Hispanic/Latino Not specified</td>
<td>☐ Unknown ☐ N/A</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>☐ PUI, tested negative*</td>
<td></td>
<td></td>
<td>If yes, admission date 1</td>
</tr>
<tr>
<td>☐ Presumptive case (positive local test), confirmatory testing pending*</td>
<td></td>
<td></td>
<td>If yes, discharge date 1</td>
</tr>
<tr>
<td>☐ Presumptive case (positive local test), confirmatory tested negative*</td>
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</tr>
<tr>
<td>☐ Laboratory-confirmed case†</td>
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<tr>
<td>*Test performed by state, local, or CDC lab.</td>
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<tr>
<td>†At this time, all confirmatory testing occurs at CDC</td>
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</tr>
</tbody>
</table>

Report date of PUI to CDC (MM/DD/YYYY): __________
Report date of case to CDC (MM/DD/YYYY): __________
County of residence: _____________________________
State of residence: _____________________________

Race (check all that apply): ☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Native Hawaiian/Other Pacific Islander
☐ White ☐ Unknown
☐ Other, specify: _____________________________

Date of birth (MM/DD/YYYY): __________
Age: __________
Age units/yr/mo/day: __________

Symptoms present during course of illness:
☐ Symptomatic
☐ Asymptomatic
☐ Unknown

If symptomatic, onset date (MM/DD/YYYY): __________/ / / __________
If symptomatic, date of symptom resolution (MM/DD/YYYY): __________/ / / __________
☐ Still symptomatic
☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
☐ Travel to Wuhan
☐ Travel to Hubei
☐ Travel to mainland China
☐ Travel to other non-US country specify: __________
☐ Household contact with another lab-confirmed COVID-19 case-patient
☐ Community contact with another lab-confirmed COVID-19 case-patient
☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
☐ Other, specify: __________

If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes ☐ No ☐ Unknown N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient
☐ Routine surveillance
☐ EpiX notification of travelers; if checked, DGMQID __________
☐ Unknown ☐ Other, specify: __________

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (2020-1011).
Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history
Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms? Symptom Present?

- Fever >100.4°F (38°C)* ☐ Yes ☐ No ☐ Unknown
- Subjective fever (felt feverish) ☐ Yes ☐ No ☐ Unknown
- Chills ☐ Yes ☐ No ☐ Unknown
- Muscle aches (myalgia) ☐ Yes ☐ No ☐ Unknown
- Runny nose (rhinorrhea) ☐ Yes ☐ No ☐ Unknown
- Sore throat ☐ Yes ☐ No ☐ Unknown
- Cough (new onset or worsening of chronic cough) ☐ Yes ☐ No ☐ Unknown
- Shortness of breath (dyspnea) ☐ Yes ☐ No ☐ Unknown
- Nausea or vomiting ☐ Yes ☐ No ☐ Unknown
- Headache ☐ Yes ☐ No ☐ Unknown
- Abdominal pain ☐ Yes ☐ No ☐ Unknown
- Diarrhea (≥3 loose/looser than normal stools/24hr period) ☐ Yes ☐ No ☐ Unknown

Other, specify: ________________________________

Pre-existing medical conditions?

- Chronic Lung Disease (asthma/emphysema/COPD) ☐ Yes ☐ No ☐ Unknown
- Diabetes Mellitus ☐ Yes ☐ No ☐ Unknown
- Cardiovascular disease ☐ Yes ☐ No ☐ Unknown
- Chronic Renal disease ☐ Yes ☐ No ☐ Unknown
- Chronic Liver disease ☐ Yes ☐ No ☐ Unknown
- Immunocompromised Condition ☐ Yes ☐ No ☐ Unknown
- Neurologic/neurodevelopmental/intellectual disability ☐ Yes ☐ No ☐ Unknown (If YES, specify) ___________________
- Other chronic diseases ☐ Yes ☐ No ☐ Unknown (If YES, specify) ___________________
- If female, currently pregnant ☐ Yes ☐ No ☐ Unknown
- Current smoker ☐ Yes ☐ No ☐ Unknown
- Former smoker ☐ Yes ☐ No ☐ Unknown

Respiratory Diagnostic Testing

<table>
<thead>
<tr>
<th>Test</th>
<th>Pos</th>
<th>Neg</th>
<th>Pend.</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza rapid Ag ☐ A ☐ B</td>
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<tr>
<td>Influenza PCR ☐ A ☐ B</td>
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<tr>
<td>RSV</td>
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<tr>
<td>H. metapneumovirus</td>
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<tr>
<td>Parainfluenza (1-4)</td>
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<tr>
<td>Adenovirus</td>
<td></td>
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<tr>
<td>Rhinovirus/enterovirus</td>
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<tr>
<td>Coronavirus (OC43, 229E, HKU1, NL63)</td>
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<tr>
<td>M. pneumoniae</td>
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<tr>
<td>C. pneumoniae</td>
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<td></td>
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<tr>
<td>Other, Specify:</td>
<td></td>
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</tbody>
</table>

Specimens for COVID-19 Testing

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Specimen ID</th>
<th>Date Collected</th>
<th>State Lab Tested</th>
<th>State Lab Result</th>
<th>Sent to CDC</th>
<th>CDC Lab Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP Swab</td>
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<tr>
<td>OP Swab</td>
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<tr>
<td>Sputum</td>
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<tr>
<td>Other, Specify:</td>
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</tbody>
</table>

Additional State/local Specimen IDs: ___________________ ___________________ ___________________ ___________________ ___________________ ___________________