



HEALTH DEPARTMENT

Public Health Emergency Preparedness (PHEP)

SARS-CoV-2 (COVID-19) CASE REPORT FORM

		Completed by Healthcare Provider	
		Date:	
Completed by Health Department		In house antigen test performed: Yes No	
Case Reporting No:		Results: <input type="checkbox"/> Positive (see attached result sheet)	
Epi Investigator:		<input type="checkbox"/> Negative (follow up with PCR swab)	
Phone: 409-267-2731		PCR Swab Performed: Yes No	
Date Entered:		Antibody Test Performed: Yes No	

PATIENT INFORMATION

Patient's Name: _____

Patient's DOB: _____

Race: (Check One) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander White

Ethnicity: (check one) Hispanic Non-Hispanic

Patient's Physical Address: _____

Patient's Phone: _____

Patient's E-mail: _____

Patient's County: _____

PROVIDER INFORMATION

Healthcare facility: _____

Provider's name and Phone# and Email: _____

Date of lab submission: _____

Lab submission location: _____

Please Fax Completed Form To:
409-267-4276

102 Airport Rd, Suite 200, Anahuac, Texas 77514 (409) 267-2731 phone (409) 267-4276 fax

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