BEAUFORT COUNTY PUBLIC HEALTH NORTH CAROLINA
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COVID-19 Investigation Report

Date of Testing: _____ Type of Specimen Obtained (circle): NP OP

Lab Specimen sent to (circle): VMC State Lab LabCorp Quest Other: _____

Practice Name: _____

Contact person name and number: _____

Patient Name (Last, First, MI): _____

Date of Birth: _____ Race: _____ Ethnicity: _____

Address: _____

County of Residence: _____ Phone Number: _____

Occupation: _____

How many other people live in the home? (ex. Spouse and 3 children) _____

_____

Please answer the following questions		
Is the patient symptomatic?	□ Yes	□ No
If yes, what was date of onset?	_____	
Fever	□ Yes	□ No
□ Subjective □ Measured Highest measured temp.:_____ Onset date: _____		
Sweats	□ Yes	□ No
Chills or rigors	□ Yes	□ No
Headache	□ Yes	□ No
Muscle aches	□ Yes	□ No
Sore throat	□ Yes	□ No
Cough – If yes provide onset date: _____	□ Yes	□ No
Shortness of breath/difficulty breathing/respiratory distress	□ Yes	□ No
(ARDS) Acute Respiratory Distress Syndrome	□ Yes	□ No
Pneumonia	□ Yes	□ No
Abdominal Pain/cramps	□ Yes	□ No
Vomiting	□ Yes	□ No
Diarrhea	□ Yes	□ No
Was the patient hospitalized for this illness more than 24 hours?	□ Yes	□ No
Is the patient a healthcare worker?	□ Yes	□ No
Any travel history in the last 14 days?	□ Yes	□ No
Any close contact to a lab confirmed case of COVID-19?	□ Yes	□ No