Michigan Interim COVID-19 Person Under Investigation (PUI) Case Report Form

Patient Information:
First name: ___________________________ Last name: ___________________________
Date of birth: ____/____/____ Age: ______ Sex: [ ] Female [ ] Male
Patient residence street address: ___________________________ City: ___________________________
County: ___________________________ State: ___________ Zip Code: ___________________________
Patient phone number(s): ___________________________
Patient hospital ID (Medical Record) number: ___________________________

Submitting Facility Information:
Reporting healthcare facility: ___________________________
Reporting healthcare facility contact name and title: ___________________________
Healthcare facility contact phone number: ___________________________

Reason for Testing:
1.) Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system:
   [ ] Hospitalized Patients
   [ ] Healthcare Facility workers with symptoms

2.) Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged:
   [ ] Patients in long-term care facilities or any other congregate living arrangement (i.e., dormitories, jails/prisons, camps, group homes, institutional settings, skilled nursing facilities, etc.) with symptoms
   [ ] Patients over 65 years of age with symptoms
   [ ] Patients with underlying conditions with symptoms
   [ ] First responders with symptoms

3.) Ensures the health of essential workers in Michigan Communities:
   [ ] Critical Infrastructure workers with symptoms
      - Critical Infrastructure is defined in Executive Order 2020-21, in section 8 and 9 of the order (EO 2020-21). Critical infrastructure workers can be characterized as those individuals who, under Executive Order 2020-21, should be considered essential and should continue to report to their place of work in order to sustain necessary operations. This does not include those who are permitted or required to work from remote locations, such as home.
   [ ] Any individual with mild presentation of symptoms consistent with COVID-19
      - This criterion should only be considered if adequate testing capacity exists in the provider’s area, after first prioritizing individuals who meet any of the above criteria.

Specimen Being Submitted to:
[ ] MDHHS BOL- PUI (nCoV) ID#: MI-_________________________ (Required). Assigned by case entry into MDSS by healthcare facility staff or via the Mi-CLERN provider hotline at: (888) 277-9894.
[ ] Clinical or Commercial lab. PUI (nCoV) ID is not required.

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