Naval Medical Center San Diego COVID-19 Person Under Investigation (PUI) Form v1.1, 2020

Patient Information

_____

Last Name **First Name** **MI**

DOD ID# _____ **AD/DEP/CIV/RET:** _____ **DOB:** _____

Primary Phone # _____ ****Secondary Phone #** _____

Work Information

Command Name (or Sponsor's): _____

Supervisor_____ **Phone#**_____

Sensitive Occupation

- ☐ N/A
- ☐ Health Care Worker or NMCSD Staff Facility: _____
- ☐ Day Care Provider
- ☐ Food Service Employee

Symptoms & Exposure History

- ☐ Exposed to a person with COVID-19 Date of Exposure: _____
- ☐ Travel history: When: _____ Where: _____
  How: _____

Date symptoms started: _____

Medical Staff Use Only

TODAY'S DATE: _____ **TIME:** _____

- ☐ Inpatient Ward_____
- ☐ Pre-Op
- ☐ Pre-Admission
- ☐ Emergency Room
- ☐ Drive Through
- ☐ Tent
- ☐ Branch Clinic _____
- ☐ Swabex
- ☐ Other _____

Physician / Provider Information

Completed By (print name): _____

Phone#: _____