



PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
www.putnamcountyny.gov/health [FAX: 845-279-4104]

A PHAB-ACCREDITED HEALTH DEPARTMENT

MaryEllen Odell
COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
COMMISSIONER OF HEALTH

Case Report

Please complete this form for each laboratory confirmed COVID-19 patient

Fax to 845-279-4104

REPORTER INFORMATION	
Today's Date _____ / _____ / _____	School: _____
Clinician Name _____	Phone: _____
COVID-19 Coordinator/Nurse: _____	Phone: _____
COVID-19 TESTING INFORMATION	
Test result: _____	
Specimen Collection Date _____ / _____ / _____	
PATIENT INFORMATION	
First Name: _____	Last Name: _____
Phone: _____	DOB: _____ / _____ / _____ Age: _____ Years/Months
Address: _____	City/Town: _____
Zip Code: _____	County: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
GUARDIAN INFORMATION	
First Name: _____	Last Name: _____
Phone: _____	Alternate Phone Number: _____
Address: _____	City/Town: _____
Zip Code: _____	County: _____ Relationship to Patient: _____
WHERE DOES THE PATIENT WORK/ATTEND SCHOOL	
School Name: _____	Class Room #: _____
Grade/Employee Occupation: _____	
Last Date Attended: _____ / _____ / _____	