

OLOLCH HCS COMMUNITY COVID-19 ORDER AND CASE FORM

Patient Information				
Legal Name	Date of Birth	Age	Sex:	Race:
Patient Phone	EmergEmeEme			

To be Completed by School Health Staff	
Date:	
Testing Order: COVID-19	
Diagnosis	ICD-10
Fever, Unspecified	
Cough	
Shortness of Breath	
Suspected COVID-19	
Screening for COVID-19	
Encounter for laboratory testing for COVID-19 virus	
Other:	
Results Communicated/Follow Up Provided	
Was COVID-19 Testing Positive?	
Yes No	

Ordering Provider: