



## POSITIVE COVID19 REPORTING TO CHELAN-DOUGLAS HEALTH DISTRICT

### COVID-19 POSITIVE CASE REPORTING FORM - LTCF

Please complete to the best of your ability and submit within 24 hours of notice of positive case.

You can fax to 509-886-6478, Attn: COVID-19 Division,  
or send via encrypted email to: [COVID-19@cdhd.wa.gov](mailto:COVID-19@cdhd.wa.gov).

#### REPORTING AGENCY:

Business Name:	Contact Name:
Business Address:	Contact Phone Number:

#### RESIDENT/EMPLOYEE INFORMATION:

Please circle one: RESIDENT / EMPLOYEE

Name:

Date of Birth:

Home Address:

Phone Number:

Date of Positive Test:

If it is an employee, Occupation:

Where was the person tested (if known)?

What kind of test was performed (PCR/ Antigen)?

Has the person received COVID19 vaccine?

**PLEASE INCLUDE A COPY OF THE LAB REPORT WITH RESULT IF APPLICABLE**

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For CDHD office use:

WDRS Cluster ID (if any):



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COVID Team Notification Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IMT notification Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_