State of Nevada
Confidential Morbidity Report Form (COVID-19)

Updated April 8, 2020

Provider:

Attending Physician	Physician Phone	Physician Fax
Person Reporting / Job Title	Reporter Phone	Reported Fax
Facility Name	Facility Phone	Report Date

Patient:

Name			Gender ☐ Female ☐ Male ☐ Nonbinary	Race ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other
Address		County	Sex assigned at birth ☐ Female ☐ Male	
City	State	Zip	Pregnant ☐ No ☐ Yes	Ethnicity ☐ Hispanic ☐ Non-Hispanic
Date of Birth / Age	Parent or Guardian Name		Pregnancy EDC	Primary Language Spoken
Home Phone	Occupation / Employer / School		Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Unknown	Birth Country and Arrival Date
Social Security Number	Medical Record Number			Incarcerated ☐ No ☐ Yes

Disease:

Disease or Condition Name		Admission Date	Deceased ☐ No ☐ Yes
Onset Date	Diagnosis Date	Discharge Date	Date of Death
Symptoms			
Was laboratory testing ordered? ☐ No ☐ Yes	*If yes, attach the results or provide the laboratory name if the results are unavailable*		
Was the patient treated? ☐ No ☐ Yes	*If yes, provide the treatment details (drug name, dosage, duration, dates etc.)*		

COVID-19 Death:

Autopsy performed	☐ No ☐ Yes	Did cardiac/respiratory arrest occur outside the hospital?	☐ No ☐ Yes
Location of death	☐ Outside the Hospital (e.g. home or in transit to hospital) ☐ Emergency Department (ED) ☐ Inpatient ward ☐ ICU ☐ Other (please specify):		

Comments:

Fax completed forms to:

Carson City:	(775) 887-2138	Washoe County:	(775) 328-3764
Clark County:	(702) 759-1454	All Other Areas:	(775) 684-5999