Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Arkansas Department of Health's Residential Congregate Setting Reporting Form

Staff ☐ Resident ☐
If STAFF: Direct Care ☐ Indirect Care ☐ If RESIDENT: Room# _____

Name (Last, First):_____ Date of Birth:_____
Positive swab collection date: _____ Positive swab result date: _____
Sex: Male ☐ Female ☐ Transgender ☐ Is this the case's first positive test? Yes ☐ No ☐
If no, date of first positive test? _____

Ethnicity/Race			
Hispanic or Latino? Yes ☐ No ☐			
American Indian or Alaskan Native	☐	Asian	☐
Black or African American	☐	Native Hawaiian or Pacific Islander	☐
White	☐	Other:	

What was the type of testing? PCR ☐ Antigen ☐
If PCR, what was the name of the lab? _____
Is the case symptomatic for COVID-19? Yes ☐ No ☐
When did the case become symptomatic for COVID-19? _____

Please select all comorbidities that apply:

Comorbidity	Please Check	Comorbidity	Please Check
None		Chronic Kidney Disease	
Dementia		Chronic Liver Disease	
Diabetes		Immunocompromised	
Cardiac Disease		Chronic Pulmonary Disease	
Hypertension		Cancer	
Other:			

Please select all comorbidities that apply:

Symptom	Please Check	Symptom	Please Check
Fever/Chills		Sore Throat	
Rigors		Fatigue	
Headache		Muscle Aches	
Congestion/Runny Nose		Asymptomatic at time of test	
Nausea/Vomiting		Unknown	
Abdominal Pain		Diarrhea	
Other:			

Has the positive case died? Yes ☐ No ☐
Where did the case die? _____
Was the case DNR/DNI? Yes ☐ No ☐

If yes, when did the positive case die?_____
Was the case on hospice care? Yes ☐ No ☐
Condition before COVID-19?
Active ☐ Already Declining ☐ Bedridden ☐

Additional Information:

Please Fax: 501-614-5425
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