



Infectious Disease Epidemiology Section
Office of Public Health
1-800-256-2748

Shelter Surveillance – 2020

Shelter Name: _____

Phone: _____

Current Shelter Census: _____

FAX: _____

Point of Contact: _____

E-Mail: _____

24 hour period from _____ AM to _____ PM

Number of patients treated in past 24 hour period: _____

Number of deaths within the past 24 hour period: _____

Count each person receiving medical attention only once, according to most severe symptom (chief complaint):

Symptom category	Total # patients evaluated or treated	# Patients referred to another facility for care
COVID-19-Like Illness (Including but not limited to fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)		
Fever >100.4° F (38° C) ALONE without localizing symptoms / signs		
Febrile Rash Illness		
Bloody diarrhea		
Watery diarrhea (3 or more watery bowel movements per day) with or without vomiting		
Vomiting only (One episode or more)		
Skin infection: blisters, rash		
Scabies, lice, or other infestation		
Wound infection		
Conjunctivitis (pink eye)		
Other (suspected tuberculosis or hemoptysis, whooping cough, meningitis / encephalitis, jaundice/ hepatitis, etc) <i>Please specify:</i>		

COVID-19 Tests Done in Facility	
Total Tests	
Positive Tests	
Negative Test	

Please complete this form daily and fax (504-568-8290), email (EOCIDEPI@la.gov), or submit via REDCap
For questions, please call the Infectious Disease Epidemiology Section at 1-800-256-2748