



Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

ADDITIONAL INFORMATION FOR NORTH CAROLINA DIVISION OF PUBLIC HEALTH

The data collected on this page is for the North Carolina Division of Public Health's records and will not be submitted to CDC.

Patient's Phone _____

If hospitalized, hospital _____ Discharge date ____/____/____

If patient had close contact with lab-confirmed case or PUI while ill, date of last close contact:
____/____/____

US airports traveled through _____

Since the patient began experiencing symptoms, have they had close contact³ with anyone?

☐ Y ☐ N ☐ Unknown



NC Department of Health and Human Services • Division of Public Health • Communicable Disease Branch
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