1) To be collected by Reporting Physician/ Administrative Staff taking the report

PATIENT INFORMATION	
First Name	
Last Name	
Phone (contact)	
Address/community	
PHN	
DOB (Age)	
Sex	
PHYSICAN INFORMATION	
Physician Name	
Physician contact information	
Health care facility contact (i.e. name of hospital or clinic at which patient was assessed/admitted)	
Date of Report to MHO	
VAPI CASE DEFINITION CONFIRMATION	
Does the reporting physician state that: "*the patient's illness is not attributed to other cause OR infection is not the sole cause of the underlying respiratory disease process"*	☐ No ☐ Yes ○ No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process) OR ○ Infection (if present) is not the sole cause of the underlying respiratory disease process Notes:
Does the reporting physician state that: "*the patient was vaping or dabbing in the last 90 days*"	☐ No ☐ Yes ○ Patient vaping/dabbing in the 90 days before symptom onset Notes:
Does the reporting physician state that: *"pulmonary infiltrates were seen of chest x-ray or CT"*	☐ No ☐ Yes ○ Pulmonary infiltrates on CXR **OR** ○ Ground glass opacities on CT Notes:
Physician Diagnosis (free-text)	

2) To be collected though Physician Consultation/ Chart Review

<table>
<tr><td>CHART REVIEW</td><td></td></tr>
<tr><td>Date of symptom onset</td><td></td></tr>
<tr><td>Confirmation of radiologic findings</td><td>☐ Pulmonary Infiltrates on CXR
☐ Ground glass opacities on CT
☐ Other: _____
☐ No chest imaging noted in chart</td></tr>
<tr><td>Confirmation of physician report that infectious causes ruled out</td><td>
<table>
<tr><td></td><td>Positive</td><td>Negative</td><td>Pending</td><td>Not Found</td></tr>
<tr><td>Blood cultures</td><td></td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Respiratory viral panel</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Influenza PCR or rapid test</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Sputum Culture</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>B-A Lavage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Legionella urine antigen</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>HIV status</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Other:</td><td>☐</td><td></td><td>☐</td><td>☐</td></tr>
</table>
</td></tr>
<tr><td>Current Disposition (on reporting date)</td><td>☐ Outpatient/ER Date:_____ N/A
☐ Hospitalized/ICU Date:_____ N/A
☐ Discharged Date:_____ N/A
○ Diagnosis: _____
☐ Deceased Date:_____ N/A
☐ Unknown</td></tr>
</table>

3) To be completed by (or in consultation with) MHO:

Case status	☐ Confirmed ☐ Probable ☐ Non-case ☐ Unknown