

## COVID Positive Test Report Form

### Facility Information (all CMAs, CCFFHs, ADCCs and NATCEP are facilities for reporting purposes)

Type of Facility:     CMA                       CCFFH                       ADCC                       NATCEP

Certificate/License Number: \_\_\_\_\_

Name on Certificate/License: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_

Type of Testing:     Home (Self Test)  
*(Report a POSITIVE COVID HOME Test, you must immediately contact the DOH Disease Outbreak Control Division (DOCD), Disease Reporting Line at 808-586-4586, PRESS 5.)*

Lab Test *(Dr. Office/Drive-Thru/Hospital/DOH come to Facility)*

Date of Result: \_\_\_\_\_

When was this Positive Home Test reported to the DOH Disease Outbreak Control Division? \_\_\_\_\_

### Reporter Information

Person Reporting *(Please Print)*: \_\_\_\_\_

Title of Person Reporting: \_\_\_\_\_

Date of this Form: \_\_\_\_\_

#### FAX all Positive Tests to:

Community Ties of America, Inc.  
500 Ala Moana Blvd, Suite 7400, Honolulu, HI 96813  
Phone: (808) 234-5380  
Fax: (808) 234-5470