Massachusetts Department of Public Health
305 South Street, Room 563, Jamaica Plain, MA 02130
Phone: 617-983-6801 Confidential Fax: 617-983-6813

Report of Vaping Associated Severe Pulmonary Disease

Confidential Case Report

Patient Name *(Last, First)*: ______ , ______

Current Address: ______ **Apt. #:** ______

City: ______ **State:** ______ **Zip:** ______ **Phone Number:** ______

Date of Birth: ______ **Sex at Birth:** ☐ Female ☐ Male

Symptoms

Respiratory *(cough, hemoptysis, chest pain, SoB)*: ☐ Y ☐ N **Symptom Onset Date:** ______

Describe: ______

Other Symptoms *(GI, constitutional, behavioral)*: ☐ Y ☐ N

Describe: ______

History and Clinical Information

Vaping/E-cigarette Use w/in 90 Days: ☐ Y ☐ N

Products Used *(e.g. THC, nicotine, CBD)*: ______

Smoking: ☐ Y ☐ N

Products Used *(e.g. cigarettes, marijuana)*: ______

Chest Radiographic/CT Abnormalities: ☐ Y ☐ N ☐ Not Done

Hypoxic (SpO_2 <90): ☐ Y ☐ N ☐ Not Done

Evidence of Infection *(e.g. sputum culture, respiratory viral panel, urine antigen for strep pneumo/legionella)*: ☐ Y ☐ N

If yes, describe: ______

Hospitalized: ☐ Y ☐ N **Dates of Hospitalization: From:** ______ **To:** ______

Facility Information

Provider (Last, First): ______

Contact Phone Number: ______ **Facility Name:** ______

Email: ______ **Date Form Completed (mm/dd/yyyy):** ______