Region IV Public Health
Vaping-Associated Lung Injury Evaluation Worksheet

Per WAC 246-80, health care providers are required to report probable or confirmed cases of vaping-associated lung injury to the local health department within three business days.

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Name:</th>
<th>DOB:</th>
<th>MRN #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>County:</td>
<td>State:</td>
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| Evaluation date: | (If patient is a minor) Parent/Guardian Name: | Phone #: |

| Reporting Facility: | Clinician name: | Clinician phone #: |

Report to your Public Health department if you answer YES to A, B, C, D and E below

A) Has patient reported use of e-cigarette (vaping) or dabbing in the 90 days prior to symptom onset?  YES  NO

If case does not report use of e-cigarette or dabbing product in 90 days prior to onset, consider evaluation or testing for other causes of illness.

B) Was patient hospitalized for this illness?  YES  NO

Facility: _______________________
Admit date: ___ / ___ / ____
Discharge date: ___ / ___ / ____

C) Does patient have a chest X-ray with pulmonary infiltrates or a chest CT scan with ground-glass opacities?  YES  NO

Imaging type: ________________
Imaging date: ___ / ___ / ____

D) Has no likely causative pulmonary infection* been identified; or complete infectious disease testing was not performed, but you feel an infection is not the sole cause of the lung injury?  YES  NO

*ex. negative respiratory viral panel, negative flu test, and other clinically-indicated respiratory infectious disease testing negative.

E) Is there no alternative plausible diagnosis such as a cardiac, rheumatologic or neoplastic process?  YES  NO

Reporting Instructions:

- Submit this completed form to your public health department at the contact information listed below.
- Collect any available vaping products (including devices, cartridges, substances, packaging, and receipts) from the patient, or encourage patient to keep and store these products in a secure location for submission to public health.
- Provide additional clinical information and documentation, including:
  - Symptoms
  - Vitals
  - Other health conditions
  - Lab and imaging results
  - Medications and treatment

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<thead>
<tr>
<th>Local health jurisdiction</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>Clark County Public Health</td>
<td>564.397.8182</td>
<td>564.397.8080</td>
</tr>
<tr>
<td>Cowlitz County Health Department</td>
<td>360.414.5599</td>
<td>360.425.7531</td>
</tr>
<tr>
<td>Skamania County Community Health</td>
<td>509.427.3850</td>
<td>509.427.0188</td>
</tr>
<tr>
<td>Wahkiakum County Health and Human Services</td>
<td>360.795.6207</td>
<td>360.795.6143</td>
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Revised: 10/11/2019