

## Report of E-cigarette/Vaping Associated Lung Injury (EVALI)

### 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<sub>2</sub> <90):  Y  N  Not Done

Was a bronchoalveolar lavage (BAL) done?  Y  N

Evidence of Infection (e.g. sputum culture, respiratory viral panel, urine antigen for strep pneumo/legionella):  Y  N  Not Done

If yes, describe:

Hospitalized:  Y  N Dates of Hospitalization: From:  To:

Died:  Y  N Date of Death:

### Facility Information

Provider (Last, First):

Contact Phone Number:  Facility Name:

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