COVID-19 Maternal & Infant Outcomes Infant Follow-Up Form Instructions

Please refer to this document to assist in completion of the COVID-19 Maternal & Infant Outcomes Infant Follow-Up Form. It is asked that only one form is submitted for each infant, meaning providers may submit the infant follow-up form after the *Newborn*[†], *2-Month*, *and*, *6-Month well visits* have occurred, rather than three forms, to facilitate easier and more organized data collection. If further clarification is needed on any section of the form, questions can be sent to pregnantcovid@doh.nj.gov, or to the COVID-19 pediatric outcomes lead, Daniel Heitner, at Daniel.Heitner@doh.nj.gov.

[†]*Newborn Visit is defined as the **first** pediatrician visit after birth hospitalization and usually occurs less than 7 days of age. **Note:** If a child has an extended hospital stay the first visit at less than 2 months of age can be reported.*

******NOTE: If your practice has received prior requests from our program the instructions above and attached form have changed. Please read above carefully.******

Definitions/Instructions:

Form Field	Instructions
COVID-19 Point of Care Results	If POC testing has been conducted on the infant, please indicate the date and result of the test(s). Do not include the date/result of a lab-conducted test(s). If symptoms were exhibited by the infant within the first 2 months of life representing possible or confirmed COVID-19 infection, please indicate exhibited symptoms and the date of symptom onset, providing verbatim explanation if "Other symptoms" is checked.
Referrals	Complete this section if the infant was referred for further evaluation or therapy. Any notes related to why a referral was made can be included in the "Additional Abnormal Findings" section at the end of page 3. If referrals were made to specialists not already indicated, check "other" and explain verbatim. If no referrals have been made, check "Check off if none." (Note: if an infant was referred to an early intervention program specifically for speech therapy, check both "Early Intervention" and "Speech Language Pathology.")
Ophthalmology Exam	Complete this section if the infant saw an ophthalmologist and had an ophthalmology evaluation. This is not referring to the vision screen conducted in the pediatrician's office. Provide the date the evaluation was performed and indicate findings by checking "normal" or abnormal," providing a verbatim description only if abnormal findings are reported. If an ophthalmology exam has not been performed, check "Check off if none."
Audiology Exam	Complete this section if the infant saw an audiologist and had an audiological evaluation. This is not referring to the hearing screen conducted in the pediatrician's office. Provide the date the evaluation was performed and indicate findings by checking "normal" or abnormal." If abnormal findings are indicated, check based on the laterality reported (if specified) and indicate the type of hearing loss noted. If a type of hearing loss is reported that is not listed on the form, check "other" and provide a verbatim description. If an audiology exam has not been performed, check "Check off if none."

Systems: All Systems	If “abnormal” is indicated, provide verbatim to describe. If “normal” is indicated, there should not be any text in these fields. Provide the
Systems: General	Report the findings for an overall report for the physical exam.
Systems: HEENT	Report findings for head, eyes, ears, nose, and throat. If any one element is noted as abnormal, mark “abnormal” here. Information about the neck may also be included here.
Systems: Cardiovascular	Report findings for the cardiovascular system. This includes anything related to the heart, pulses, or peripheral vascular system.
Systems: Pulmonary/Lung/Respiratory	Report findings for the pulmonary system. This includes anything related to the lungs, respiratory system, or breathing.
Systems: Abdominal/GI	Report findings for the abdominal or gastrointestinal system.
Systems: Genitourinary	Report findings for the genitourinary system.
Systems: Musculoskeletal	Report findings for the musculoskeletal system which may include information about the spine, extremities, joints, and muscles.
Systems: Neurologic	Report findings for the neurologic system which may include information about reflexes, tone, sensation, mental status, movements, etc.
Systems: Skin/Integument	Report findings for the skin and/or integumentary (e.g., hair, nails) system.
Additional Abnormal Findings	If there are any abnormal findings not included in previous fields, provide them here verbatim. If there are notations in the physical exam that are not clearly in in any of the previous fields, include them here.