

Case Investigation and Specimen Collection Form for COVID-19, ILI and SARI (Version-5)

Case Type (Please tick): **Suspect COVID-19** **ILI** **SARI**

SECTION 1: PATIENT INFORMATION

Name of Health Centre:

Patient Name:

Age:

Sex:

Contact Number:

CID number:

Present Address:

Nationality:

Occupation:

Country of Residence (those residing abroad).....

SECTION 2: CLINICAL INFORMATION

Fever or History of fever:

Yes

No

If Yes, Temperature:.....

Cough:

Yes

No

Shortness of Breath:

Yes

No

Sore throat:

Yes

No

Diarrhea

Yes

No

Headache

Yes

No

Nausea/Vomiting

Yes

No

Loss of Smell/taste

Yes

No

Abdominal pain/blotting

Yes

No

Musculoskeletal pain

Yes

No

Fatigue

Yes

No

Chills

Yes

No

Others (Specify):

Co-morbid conditions (Tick all that apply): None Diabetes Cardiac Disease Hypertension Pulmonary Disease Kidney Disease Liver Disease Immuno-compromised Pregnancy Others specify.....

Hospitalization: Yes No (If Yes, Date of Admission:.....) **Outcome:** Recovered Referred Death

SECTION 3: EPIDEMIOLOGICAL INFORMATION

Date of notification: _____

Date of onset: _____

Does the patient have Travel History within 21 days before the onset of symptoms: Yes No

If yes, place visited and country..... Travel date from..... to.....

Any contact with visitor, visiting in last 21 days from affected place (in/ex country): Yes No

If yes, date and contact place.....

In past 21 days, have you had contact with a person with confirmed COVID-19 case: Yes No If Yes, date and place

Advised by (Doctor's name and Contact number):.....

SECTION 4: LABORATORY SPECIMENS COLLECTED

Specimen No:

Date of Collection: /.... /.....
(dd/mm/yyyy)

Type of Specimen Collected:

Nasal swab

Throat swab

Nasopharyngeal swab

Blood

Sputum

Others, please specify: _____

If Rapid diagnostic test done, result:

Positive Flu A

Positive Flu B

COVID-19 IgM Positive

COVID-19 IgG Positive

COVID-19 Ag Positive

Negative for

1st Sample 2nd Sample 3rd Sample Specify if other:

Collection Site: Flu clinic OPD IPD Quarantine site

Sample Collected by (Name and contact number):