Case Investigation and Specimen Collection Form
COVID-19, ILI and SARI (Version 6)

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

1. Patient Information

Name of Health Centre:		
Patient Name:	Age:	Gender:
CID:	Contact Number:	
Occupation:	Nationality:	
Present Address:	Country of residence	

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	Generalized body pain	☐ Yes ☐ No
Chills	☐ Yes ☐ No	Fatigue	☐ Yes ☐ No
Runny/blocked nose	☐ Yes ☐ No	Others (Specify):	

Co morbid conditions (Check all that apply)

☐ None ☐ Diabetes ☐ Cardiac Disease ☐ Hypertension ☐ Cancer (any type)
☐ Pulmonary Disease ☐ Kidney Disease ☐ Liver Disease
☐ Immuno-compromised ☐ Pregnancy ☐ Others specify: ……

Hospitalized: ☐ Yes ☐ No	Date of Admission (DD/MM/YY):

Outcome: ☐ Recovered ☐ Referred ☐ Trans-out ☐ Death

3. Epidemiological Information

Date of onset of first symptoms (DD/MM/YY):

Have you travelled within 21 days before the onset of symptoms? ☐Yes ☐No

If Yes, country or place visited: ……Travel Date: ……

Any contact with confirmed/suspected COVID-19 in the past 21 days? ☐Yes ☐No
If Yes, date of contact (DD/MM/YY): …….

Advised by (Dr Name): _____ Contact #_____

4. Laboratory Specimen Collection

Sample ID:	Collection Date: …….
Type of Specimen collected: ☐ Nasal pharyngeal ☐ Nasal swab ☐ Throat swab ☐ blood ☐ Sputum, Specify if Others: ……	**If Rapid Test done, Result** ☐ Positive Flu A/B ☐ COVID-19 Ag Positive ☐ COVID-19 Antibody Positive (IgM/IgG) ☐ Negative for …….

Collection Site: ☐ Flu Clinic ☐ OPD ☐ IPD ☐ Quarantine ☐ PoE
☐ Holding Area ☐ Others…..

Sample Collected by: ……. Contact Number: ……..