









## How do you feel right now?



I feel as healthy as normal



I'm not feeling well today



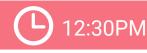














## How do you feel right now?



I feel as healthy as normal



I'm not feeling well today

















## What symptoms are you experiencing?

**Fever** 

**Fatigue** 

**Dry Cough** 

Shortness of breath

Headaches

Sore Throats

Aches and pain















## What symptoms are you experiencing?

Fever

Fatigue

**Dry Cough** 

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## What symptoms are you experiencing?

Fever

**Fatigue** 

**Dry Cough** 

Shortness of breath

Headaches

Sore Throats

Aches and pain

Sneezing

Diarrhea

**Chest Pain** 

Red Eye

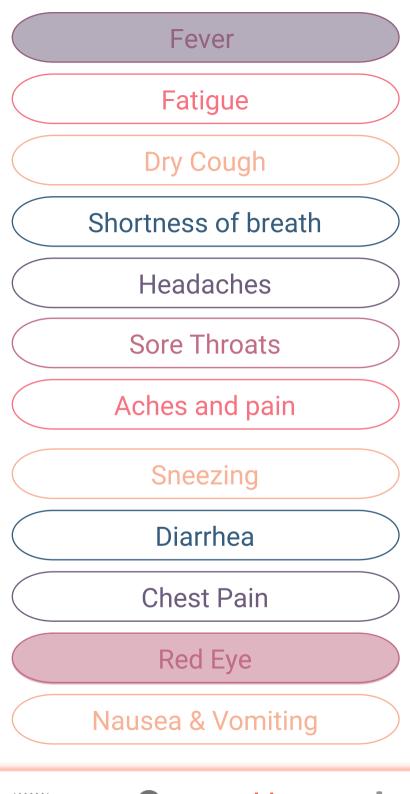
Nausea & Vomiting











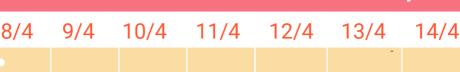




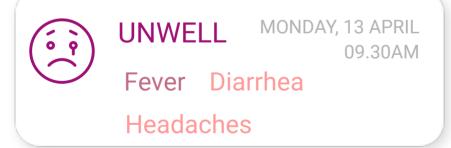


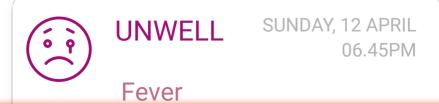


#### WEEKLY RECORD - 1st week of January









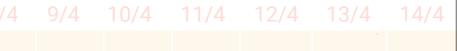








#### WEEKLY RECORD - 1st week of January



Your symptom(s) has not resolved for past few days.
Let us help you.
There're some questions we would like to ask.

**CONTINUE** 

Fever Diarrhea

Headaches



UNWELL

SUNDAY, 12 APRIL 06.45PN

Fever

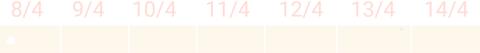








#### WEEKLY RECORD - 1st week of January



Your symptom(s) has not resolved for past few days.
Let us help you.
There're some questions we would like to ask.

#### **CONTINUE**

Fever Diarrhea

Headaches



UNWELL

ELL SUNDAY, 13

Fever













### How old are you?

10-29

30-49

50-59

≥60













### How old are you?

10-29

30-49

50-59

≥60













## Have you been in contact with positive Covid-19 cases before?

Yes

No













# Have you been in contact with positive Covid-19 cases before?

Yes

No















|   | Diabetes        |   |
|---|-----------------|---|
|   | Lung disease    |   |
|   | Kidney Disease  |   |
|   | Asthma          |   |
|   | Liver Disease   |   |
|   | Heart Disease   |   |
|   | Thyroid Disease |   |
|   | HIV             |   |
|   | Q               | 0 |
|   | No              |   |
|   | Yes             |   |
|   | No              |   |
| 1 | INU             |   |





| Diabetes        |  |
|-----------------|--|
|                 |  |
| Lung disease    |  |
| Kidney Disease  |  |
| Asthma          |  |
| Liver Disease   |  |
| Heart Disease   |  |
| Thyroid Disease |  |
| HIV             |  |
| Q               |  |
| No              |  |
| Yes             |  |
| No              |  |







Diabetes

Lung disease

Kidney Disease

Asthma

Liver Disease

**Heart Disease** 

Thyroid Disease

HIV













#### Your Risk Score is HIGH

You are advise to go to the nearest Testing Centre and see a Doctor.

#### FIND LOCATION

Liver Disease

**Heart Disease** 

Thyroid Disease

HIV







