**COLOR CODE :**

{{ placeholder\_1 }}

 

**COVID-19 RESPONSE REPORT NO :{{ id }}**

|  |  |
| --- | --- |
| **RESPONSE** |  |
| **ID** | **{{ id }}** |
| **DATE** | **{{ date }}** |
| **GENDER** | **{{ question1 }}** |
| **SYMPTOMS** | **{{ question2 }}** |
| **CONTACT WITH POSITIVE CASE** | **{{ question3 }}** |
| **HIST OF TRAVEL (IN FLIGHT/ TRAIN / BUS)** | **{{ question4 }}** |
| **ATTENDED A GATHERED OR CROWD** | **{{ question5 }}** |
| **EXPOSURE TO CONTAINMENT AREA** | **{{ question6 }}** |
| **TESTED COVID BEFORE** | **{{ question7 }}** |
| **SYMPTOMS IN FAMILY** | **{{ question8 }}** |
| **COLOR REMARK** | **{{code}}** |
| **REMARKS** | **ClEAR HISTORY** |
| **TEMPERATURE** | **{{ temp }}** |

|  |
| --- |
| **SELF DECLARATION FORM** |

|  |
| --- |
| I Mr/Mrs age declare that i have provided the accurate information at screening about my acute illness, travel history and my contact with any possible positive COVID-19 patients or their contact. I understand COVID-19 disease is a pandemic. Any information which I provide if found to be false, I understand that I am legally liable  **Yours Sincerely**  **PHONE NO :**  **DATE :** |