

# PROJECT ARK PATIENT DATA FORM

RAPID TEST KIT: ORIENT GENE

DATE TEST IS CONDUCTED: June 13,2020

PATIENT NAME	ABELLANIDA, JAYSON PEREZ			
ADDRESS	House No.	Street	Subd	Barangay / Sitio
23 C P. JUNIO ST., LIBIS, QUEZON CITY, METRO MANILA				
BIRTHDATE	05/08/1980		AGE:40	GENDER : (M)

## CONCISE CLINICAL HISTORY

Travel History	Exposure History
Initial Onset of Symptoms	Date of Resolution of Symptoms (if already asymptomatic)

SIGN/SYMPTOM	PRESENT (please check)	DATE OF ONSET	DATE OF RESOLUTION	REMARKS
DRY COUGH				
FEVER				
MUSCLE PAIN				
WEAKNESS				
DECREASED SENSE OF SMELL				
DECREASED SENSE OF TASTE				
DIARRHEA				
DIFFICULTY OF BREATHING				
OTHERS				
NOTE/OBSERVATIONS				

## RAPID TEST RESULTS

[ X ] NEGATIVE

[ ] IgM POSITIVE

[ ] IgG POSITIVE

## RT-PCR TEST RESULTS

WAS RT-PCR TEST DONE?  
DATE TEST WAS DONE  
RESULTS

[ ] YES

[ X ] NO

[ ] NEGATIVE

[ ] POSITIVE

[ ] PENDING RESULTS

RECOMMENDATION:
<input type="checkbox"/> QUARANTINE FOR _____ DAYS <input type="checkbox"/> ENDORSE TO THE LOCAL GOVERNMENT HEALTH UNIT
<i>This is to certify that a rapid test, with results indicated above, was conducted on patient whose signature follows herewith in adherence to the Safety Protocol requirement of the village/admin.</i>

Patient's Name:	Physician:
	DRA. CHIAOLING SUA-LAO
Signature:	License No.:
	0072107