**${tube\_code}**

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| **Nama Fasyankes** | ${fasyankes} | **Tanggal Wawancara** | ${tgl\_wawancara} |
| **Tempat Tugas** | ${tempat\_tugas} | **HP Pewawancara** | ${hp\_pewawancara} |
| **Nama Pewawancara** | ${nama\_pewawancara} | | |

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| 1. **IDENTITAS PASIEN** | | | | |
| **Kriteria** | ${criteria} | | | |
| **Nama** | Fathil Arham | | **NIK** | ${nik} |
| **Tgl Lahir (Umur)** | ${birth\_date\_age} | | **Jenis Kelamin** | ${gender} |
| **Pekerjaan** | ${work} | | **Instansi** | ${instance} |
| **Nomor HP** | ${phone} | | | |
| **Alamat Tinggal** | **Provinsi** | ${province} | **Kota/Kabupaten** | ${regency} |
| **Kecamatan** | ${district} | **Desa/Kelurahan** | ${village} |
| **Jalan/Blok** | ${street} | **RT/RW** | ${rt\_rw} |

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| **B. INFORMASI KLINIS** | | | | | | | |
| **Gejala** | | | | **Kondisi Penyerta** | | | |
| **Tanggal muncul gejala** | | ${symptoms\_at} | | ${comorbidities} | | | |
| ${symptoms} | | | |
| **Diagnosis** | | | | | | | |
| ${diagnoses} | | | | | | | |
| **Rumah Sakit** | | | | | | | |
| **Tanggal Masuk RS** | | ${hospital\_at} | | **Nama RS** | | ${hospital\_name} | |
| **Keterangan** | | ${hospital\_addition} | | **Status Terakhir** | | ${hospital\_last\_status} | |
| **Nama RS sebelumnya** | | ${hospital\_history} | | | | | |

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| **C. INFORMASI PEMERIKSAAN PENUNJANG** | | | | | | | |
| **No** | **Jenis Pemeriksaan/ Spesimen** | **Pengambilan Spesimen 1** | | | **Pengambilan Spesimen 2** | | |
| **Tanggal** | **Tempat** | **Hasil** | **Tanggal** | **Tempat** | **Hasil** |
| **Laboratorium Konfirmasi** | | | | | | | |
| 1. | Nasopharyngeal (NP) Swab | ${np\_at} | ${np\_place} | ${np\_result} | ${np2\_at} | ${np2\_place} | ${npe2\_result} |
| 2. | Oropharyngeal  (OP) Swab | ${op\_at} | ${op\_place} | ${op\_result} | ${op2\_at} | ${op2\_place} | ${op2\_result} |
| 3. | Sputum |  |  |  |  |  |  |
| 4. | Serum |  |  |  |  |  |  |
| **Pemeriksaan Lain** | | | | | | | |
| 1. | Darah |  |  |  |  |  |  |
| 2. | Serum |  |  |  |  |  |  |
| 3. | Lain, ........ |  |  |  |  |  |  |

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| **D. FAKTOR RIWAYAT PERJALANAN** | | | | | | |
| **Perjalanan Internasional** | | | | | | |
| **Negara** | **Kota** | | **Tanggal Keberangkatan** | | **Tanggal Kepulangan** | |
| ${itn\_country} | ${itn\_regency} | | ${itn\_departure\_at} | | ${itn\_arrive\_at} | |
|  |  | |  | |  | |
| **Perjalanan Domestik** | | | | | | |
| **Provinsi** | **Kota** | | **Tanggal Keberangkatan** | | **Tanggal Kepulangan** | |
| ${dms\_province} | ${dms\_regency} | | ${dms\_departure\_at} | | ${dms\_arrive\_at} | |
|  |  | |  | |  | |
| **Tinggal di Area Transmisi Lokal** | | | | | | |
| **Provinsi** | **Kota** | | **Tanggal Mulai Tinggal** | | **Tanggal Selesai Tinggal** | |
| ${lvg\_province} | ${lvg\_regency} | | ${lvg\_start\_at} | | ${lvg\_end\_at} | |
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| **E. FAKTOR KONTAK / PAPARAN (lanjutan)** | | | | | | | |
| **Kontak dengan Suspek / Probabel COVID-19** | | | | | | | |
| **Nama** | **Alamat** | | **Hubungan** | | **Tanggal Mulai Kontak** | | **Tanggal Selesai Kontak** |
| ${nrm\_name} | ${nrm\_address} | | ${nrm\_contact} | | ${nrm\_start\_at} | | ${nrm\_end\_at} |
|  |  | |  | |  | |  |
| **Kontak Erat dengan Konfirmasi dan Probabel COVID-19** | | | | | | | |
| **Nama** | **Alamat** | | **Hubungan** | | **Tanggal Mulai Kontak** | | **Tanggal Selesai Kontak** |
| ${cls\_name} | ${cls\_address} | | ${cls\_contact} | | ${cls\_start\_at} | | ${cls\_end\_at} |
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| **F. INFORMASI TAMBAHAN** | | | |
| **Pasien termasuk cluster ISPA berat (demam dan penuomonia membutuhkan perawatan Rumah Sakit) yang tidak diketahui penyebabnya** | ${ispa} | | |
| **Hewan Peliharaan** | ${pet} | | |
| **Pasien merupakan petugas kesehatan** | ${health\_worker} | **Alat Pelindung** | ${protectors} |
| **Melakukan Prosedur yang menyebabkan Aerosol** | ${aerosol} |

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| **G. DAFTAR KONTAK ERAT KASUS\*\*** | | | | | | |
| **Nama** | **Umur** | **Jenis Kelamin** | **Alamat** | **Hubungan** | **Nomor HP** | **Aktifitas Kontak** |
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