

Case Investigation Form Coronavirus Disease (COVID-19)

Place of Assignment (Barangay) BANAYBANAY		Place of Assignment (Description) BARANGAY HALL		Date of Interview 10/14/2020	Place of Interview COVER COURT
Name of Investigator JOHN CHRISTIAN ORAA		Isolation Facility ECABS FACILITY		Classification PROBABLE	

1. Patient Profile

Last Name DALISAY	First Name CARDO	Middle Name SANTOS	Birthday 06/17/1999	Suffix JR	Sex Female
Contact Number +639123456788	Email Address cardo.acc@gmail.com	Civil Status MARRIED	Nationality FILIPINOS	Passport No. PASSPORT 456	Social Sector

2. Philippines Residence

House No./Lot/Bldg BLK 36 LOT 6		Street LAKESIDENEST	
Region SELECT REGION	Province SELECT PROVINCE	City SELECT CITY	Barangay SELECT BARANGAY

3. Overseas Employment Address (for Overseas Filipino Workers)

Employer's name EMAT ALBORS		Occupation IT HEAD OFFICERS	Place of Work CABUYAO CANADAS	House No./Bldg. Name CABUYAO CANADAS	Street CABUYAO CANADAS
Region CABUYAO CANADAS	City/Municipality CABUYAO CANADAS	Province or State CABUYAO CANADAS	Country CABUYAO CANADAS	Office Phone No. 09123456788	Cellphone No. 09123456788

4. Travel History

History of travel/visit/work in other countries within last 14 days: <input checked="" type="checkbox"/> (Ckeck if YES)		Port of Exit * N/A	Airline/Sea vessel * N/A
Flight/Vessel Number * N/A	Date of Departure * mm/dd/yyyy	Date of Arrival in Philippines * mm/dd/yyyy	

5. Exposure History

History of Exposure to Known CoVID-19 Case: <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> UNKNOWN	(If YES) Date of Contact with known CoVID-19 Case * mm/dd/yyyy	Exposure Risk Type HIGH RISK EXPOSURE
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6. Clinical Information

Clinical Status at Time of Report: <input type="radio"/> INPATIENT <input checked="" type="radio"/> OUTPATIENT <input type="radio"/> DIED <input type="radio"/> DISCHARGE <input type="radio"/> UNKNOWN					
Date of Onset of Illness * 10/15/2020			Date of Admission/Consultation * 10/15/2020		
Fever (Indicate the temperature) 35	Cough <input type="checkbox"/> (Ckeck if YES)	Sore throat <input type="checkbox"/> (Ckeck if YES)	Colds <input type="checkbox"/> (CkeckIf YES)	Shortness/difficulty of breathing <input type="checkbox"/> (Ckeck if YES)	
Other symptoms, specify LOSS SENSE OF TASTES		Is there any history of other illness? if YES specify CANCER SA PWETS		Chest XRAY done? if YES, when? 10/15/2020	
Are you pregnant? if YES, enter the LMP 8966		CXR Result <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> PENDING		Other Radiologic Findings CANCER SA PWETS	

7. Specimen Information

Specimen Collected	Date Collected	Date sent to RITM	Date receive in RITM	Virus Isolation Result	PCR Result
swab tests	10/15/2020	10/15/2020	10/15/2020	normals	normals
blood tests	10/15/2020	10/15/2020	10/15/2020	normals	normals

8. Final Classification

<input checked="" type="radio"/> Patient Under Investigation (PUI) <input type="radio"/> Person Under Monitoring (PUM) <input type="radio"/> Confirmed COVID-19 Case	
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9. Outcome

Date of Discharge 10/15/2020	<input type="radio"/> Died <input checked="" type="radio"/> Improve <input type="radio"/> Recovered <input type="radio"/> Transferred <input type="radio"/> Absconded				
Name of Informant: (if patient not available) JULIE	Relationship SISTER			Phone No. 09123456788	