



MGM
NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

Age/Sex : 56 Years / MPOA : 05/10/2024

BED : ECU-001 WARD : DEP009

DR : DR. PRASHANT ATHALE

Screening for Communicable Disease

1. Are you having symptoms like:					
Fever	<input checked="" type="checkbox"/>	Loose Motion	<input checked="" type="checkbox"/>	Nausea	<input checked="" type="checkbox"/>
Vomiting	<input checked="" type="checkbox"/>	Cough	<input checked="" type="checkbox"/>	Cold	<input checked="" type="checkbox"/>
Skin Rashes	<input checked="" type="checkbox"/>	Headache	<input checked="" type="checkbox"/>	Itching / Redness in eyes	<input checked="" type="checkbox"/>
Breathlessness	<input checked="" type="checkbox"/>				
2. History of contact with any person with known communicable disease : No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
If yes, details: _____					
3. Are you aware of spread of any such infection in your location : No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
If yes, details: _____					
4. Recent travel history (last 1 month) <input type="checkbox"/>					
If yes, details: <u>NO</u>					
5. Past history of animal bites. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, details: _____					
6. Child hood vaccination <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, details: <u>NOT FROM DETAILS AVAILABLE</u>					

If any two or more questions are Yes, then follow isolation protocols / protocols for communicable disease

Staff Name Au Signature [Signature] Emp.ID rev Date: 5/10/24 Time: _____