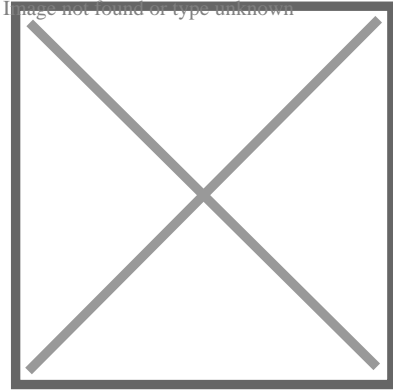


Patient Report



Patient Information

Patient Number: MEDIX/CAP/2416387600

Name: test test

NIC : 961143934v

Gender :

Date of Birth :

Address :

Interviewed Date :2020-04-24

Results Info

Possibility Percentage: 0

Patient State :normal

Question	Answer
Do you have a cough?	Yes
Do you have a sore throat?	Yes
Do you have body aches and pains?	Yes
Do you have trouble breathing?	Yes

Question	Answer
Do you have chest pains?	Yes
Do you have headaches?	Yes
Do you have vomiting / nausea?	Yes
Do you have diarrhea / heartburn?	Yes
Do you have a difference in smell?	Yes
Do you have a lack of taste?	Yes
Does someone close to you show the above symptoms?	Yes
Has one of your close friend been quarantined?	Yes
Have you had a relationship with someone who confirmed or suspected corona virus?	Yes
Have you had a relationship with a foreigner or a person who came from a foreign country?	Yes
Have you traveled abroad recently?	Yes
Have you visited Sri Lanka recently?	Yes
Do you work in tourism?	Yes
Do you have a fever?	No

Report Info

this report generated based on patient answerd not on patient
physical diagnoise and this is not a certificate for your covid 19 status
this report generated from Medix.lk Covid19 examiner application
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