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Patient Report

Patient Information

Patient Number:

MEDIX/CAP/3865935936

Name: test test

NIC : 961143934v

Gender :male

Date of Birth :2020-04-15

Address : test, test

Interviewed Date :2020-04-21

Results Info

Possibility Percentage:

Patient State :

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

Question	Answer
Do you have trouble breathing?	Yes
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
Do you have a fever?	No
Does someone close to you show the above symptoms?	No
Has one of your close friend been quarantined?	No
Have you had a relationship with someone who confirmed or suspected corona virus?	No
Have you had a relationship with a foreigner or a person who came from a foreign country?	No
Have you traveled abroad recently?	No
Have you visited Sri Lanka recently?	No
Do you work in tourism?	No

Report Info

this report generated based on patient answerd not on patient physical diagnose and this is not a certificate for your covid 19 status

this report generated from Medix.lk Covid19 examiner application