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Patient Report

Patient Information

Patient Number:

MEDIX/CAP/94196766

Name: test test

NIC : 961143934v

Gender :male

Date of Birth :2020-04-14

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 a fever? | No |
| Do you have vomiting / nausea? | No |
| Do you have diarrhea / heartburn? | No |
| Do you have a difference in smell? | No |
| Do you have a lack of taste? | 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