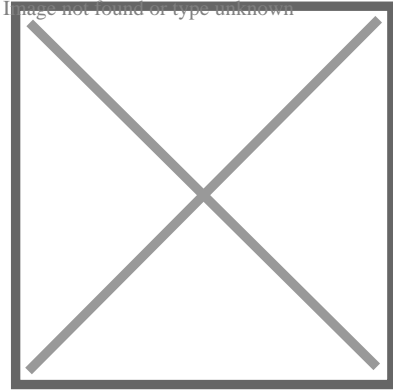


# Patient Report



## Patient Information

Patient Number: MEDIX/CAP/3168334620

Name: test test

NIC : 9611439345678

Gender :male

Date of Birth :2020-04-12

Address : test, test

Interviewed Date :2020-04-22

## Results Info

Possibility Percentage: 38

Patient State :OPD

Question	Answer
Do you have body aches and pains?	Yes
Do you have trouble breathing?	Yes
Do you have chest pains?	Yes
Do you have headaches?	Yes

Question	Answer
Do you have vomiting / nausea?	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
Do you have a fever?	No
Do you have a cough?	No
Do you have a sore throat?	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 visited Sri Lanka recently?	No
Do you work in tourism?	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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