



Test Report

Patient Information

Patient Number:

MEDIX/CAP/4056150025

Name: test test

NIC : 96114393489v

Gender :male

Date of Birth :2020-04-08

Address : test, test

Interviewed Date :2020-04-21

Results Info

Possibility Percentage: 34

Patient State :OPD

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