



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
<b>1. Patient Profile</b>					
Last Name	First Name	Middle Name	Birthday	Age	Sex
Occupation	Civil Status		Nationality	Passport No.	
<b>2. Philippine Residence</b>					
House No./Lot/Bldg.	Street		Municipality/City	Province	
Region	Home Phone No.	Cellphone No.		Email address	
<b>3. Overseas Employment Address (for Overseas Filipino Workers)</b>					
Employer's Name:		Occupation		Place of Work:	
House No./Bldg. Name	Street	City/Municipality		Province/State	
Country	Office Phone No.		Cellphone No.		
<b>4. Travel History</b>					
History of travel/visit/work in other countries within last 14 days:		( ) Yes ( ) No		Port of exit:	
Airline/Sea vessel:	Flight/Vessel Number	Date of Departure		Date of Arrival in Philippines:	
<b>5. Exposure History</b>					
History of Exposure to Known CoVID-19 Case: ( ) Yes ( ) No ( ) Unknown			If yes: Date of Contact with Known CoVID-19 Case:		
<b>6. Clinical Information</b>					
Clinical Status at Time of Report Inpatient ( ) Outpatient ( ) Died ( ) Discharged ( ) Unknown ( )					
Date of Onset of Illness			Date of Admission/Consultation		
Fever _____°C	Cough ( )	Sore throat ( )	Colds ( )	Shortness/difficulty of breathing ( )	
Other symptoms, specify		Is there any history of other illness? ( ) Yes ( ) No If YES, specify:			
Chest XRAY done? ( ) Yes ( ) No If yes, when? _____		Are you pregnant? ( ) Yes LMP _____ ( ) No			
CXR Results: Pneumonia ( ) Yes ( ) No ( ) Pending			Other Radiologic Findings:		
<b>7. Specimen Information</b>					
Specimen Collected	if YES, Date Collected	Date sent to RITM	Date received in RITM (to be filled up by RITM)	Virus Isolation Result	PCR Result
( ) Serum	____/____/____	____/____/____	____/____/____		
( ) Oropharyngeal/ Nasopharyngeal swab	____/____/____	____/____/____	____/____/____		
( ) Others	____/____/____	____/____/____	____/____/____		
<b>8. Final Classification</b>					
<input type="checkbox"/> Patient Under Investigation (PUI) <input type="checkbox"/> Person Under Monitoring (PUM) <input type="checkbox"/> Confirmed COVID-19 Case					
<b>9. Outcome</b>					
Date of Discharge:		Condition on Discharge: ( ) Died ( ) Improved ( ) Recovered ( ) Transferred ( ) Absconded			
Name of Informant: (if patient not available)		Relationship:	Phone No.		

**Patient Under Investigation (PUI)**

- A person with sudden onset of fever ( $\geq 38^{\circ}\text{C}$ ) and/or cough, and/or sorethroat, and/colds, or diarrhea in the absence of other diagnoses AND
- A person with history of travel from China within 14 days OR
- A person who visited any health care facility with a known case of CoVID-19

**Person Under Monitoring (PUM)**

- An asymptomatic with travel history from China OR
- A person with exposure from a known confirmed CoVID-19 case OR
- A person who came from other countries with confirmed CoVID-19 infection EXCEPT China, with no history of exposure, but with fever and/or cough

**Confirmed Novel Coronavirus Case**

- A person with laboratory confirmation of infection with 2019 Novel Coronavirus (2019-nCoV)