



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
<b>1. Patient Profile</b>					
Last Name	First Name	Middle Name	Birthdate	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)