COVID-19 CASE INVESTIGATION FORM					
Name of Reporting Centre	e				Specimen ID
1. Patient Information					
				Sex □Female	Date of Birth (dd/mm/yyyy) / /
First Name Address in the last 14 day	ys	L	ast Name	□Male	
House Number Phone Numbers	Street Name		City/Settlement/Cay	Isl	and Country Government ID
Mobile					Type Passport
Home					Number
Work					Nationality
Occupation					rationality
☐Construction ☐Finar	thcare provider	łospitali ournalis egal	sm/Broadcasting	tired	□Student □Uniformed branches □Trade □Other □Unemployed
2. Testing Reason for Testing □ For travel □ Re-entry into V □ COVID-19 Syn			posure to Confirmed Case creening her	,	
3. Symptomatology	Nie				
Asymptomatic Yes	No				Date of onset of illness
Symptoms Abdominal pain	□Fatigue		□Loss o	f taste	(dd/mm/yyyy)
│ □Chills │ □Diarrhea	□Fever □Headache		□Loss o	f smell ess of breath	, ,
Dry cough	☐ Headache	=	□Vomiti		
4. Exposure History					Date of Domostic Travel
4. Exposure History Travel History Domestic travel within the la If yes, where?	ast 14 days? □Yes │	□No			Date of Domestic Travel (dd/mm/yyyy) / /
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