COVID-19 CASE INVESTIGATION FORM

Reporting Centre: [**X**] Private – **Kelso Medical Laboratory** [ ] Public Reporting health worker (PRINT IN BLOCKS)	Date of patient visit(dd/mm/yyyy) / /

1. Patient Information

Name	Age	Date of birth (dd/mm/yyyy)	Sex: M ☐ F ☐
Address	Phone		Surveillance Unit (SU) #: Influenza vaccine: YIN

Occupation:
Is/was the patient a health care provider: YIN Place of employment:
If yes, where?

2. Clinical Data

Date of onset of illness
(dd/mm/yyyy)

Immunization history (most recent)
Date of last dose (dd/mm/yyyy)

Symptom	YIN	Symptom	YIN	Symptom	YIN	Additional comments:
Fever		Headache		Sore throat		
Dry cough		Myalgia		Runny nose		
Shortness of breath		Cough		Sneezing		
Fatigue		Pneumonia		Itchy eyes		
Chills		Vomiting		Abd. Pain		
Diarrhoea		Other:				

Comorbid conditions: None Unknown Pregnancy Diabetes Hypertension Cardiac disease Pulmonary disease Kidney Liver disease Immunocompromised Other (specify) [ ]

Is/was the patient placed in home isolation? Y/N If yes, where? Is/was the patient hospitalized? YIN If yes, where?	Dates	**Outcome of illness** Survived YIN Discharged alive From home isolation: Date / / From hospital: Date / / Died:Date / /
Is/was the patient seen at a public or private health care facility outside of a hospital? YIN If es, where?	Dates	Additional comments:
Was there close contact with a case within the past 14 days? YIN If yes, where: Home (bedroom) [ ] Home (household) [ ]Work [ ] Health Care Setting [ ] Transportation [ ] Casual [I Other, please specify:	Dates	Additional comments:
Is there a cluster of similar cases in their neighborhood/work? YIN	Comment:	

3. Laboratory data

Specimen	Data collected	Date received (dd/mm/yyyy)	Condition (Adequate/ Inadequate/ Inconclusive	Test (e.g. PCR)	Result (+ve, -ve, other)	Date of Result	Comment
Nasopharyngeal swab							
Oropharyngeal swab							
Acute blood							
Convalescent blood							

4. Final case classification

[ ] Suspected
[ ] Epidemiologically confirmed
[ ] Laboratory confirmed
[ ] Laboratory negative

Date report completed (dd/mm/yyyy) / /
To whom:
Route: Phone: Email: WhatsApp:
Signature:

ADDITIONAL NOTES MAY BE WRITTEN ON THIS OVERLEAF