



Case Investigation Form
2019 Coronavirus Disease (CoViD-19)
(Annex C)



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name	First Name	Middle Name	Birthday	Age	Sex
Occupation	Civil Status	Nationality	Passport No.		
2. Philippine Residence					
House No./Lot/Bldg.	Street	Municipality/City	Province		
Region	Home Phone No.	Cellphone No.	Email address		
3. Overseas Employment Address (for Overseas Filipino Workers)					
Employer's Name:	Occupation	Place of Work:			
House No./Bldg. Name	Street	City/Municipality	Province/State		
Country	Office Phone No.	Cellphone No.			
4. Travel History					
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:		
5. Exposure History					
History of Exposure to Known CoViD-19 Case: () Yes () No () Unknown		If yes: Date of Contact with Known CoViD-19 Case:			
6. Clinical Information					
Clinical Status at Time of Report		Inpatient ()	Outpatient ()	Died ()	Discharged ()
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:			
7. Specimen Information					
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	____/____/____	____/____/____	____/____/____		
8. Final Classification					
<input type="checkbox"/> Patient Under Investigation (PUI) <input type="checkbox"/> Person Under Monitoring (PUM) <input type="checkbox"/> Confirmed COVID-19 Case					
9. Outcome					
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)