|  |  |
| --- | --- |
| C:\Users\SV\Google Drive\PK BAC SI GIA DINH\FORM-THONG TIN\LOGO PKBSGD\LOGO PK _ UPDATE 2018_ Official_ver 3_outlined-01 (2).jpg | **SCREENING TEST**  **FOR SUSPECTED CASE OF nCoV INFECTION** |

**1. Suspected Case Information**

a. Name: ---------------------------------------------------------------------------------

b. Date of birth:---------/-------------/------------- (day-month-year) ----------------------

c. Sex: 1.Male 2. Female d. Ethnics:-----------------------

**2. Home address**

House number ---------------------------------------------

Quarter: District:

City/province: Mobile phone number

3. Visited places during the last 14 days:

4. Date of appearance of the first symptom: ------/----------/2020

5. Illness evolution (short and precise description):

------------------------------------------------------------------------------------------------------------

**6. Clinical symptoms and signs**

|  |  |
| --- | --- |
| a. Fever>38°c □ Y□ N  b. Cough: □ Y □ N | c. Dyspnea: □ Y □ N  d. Other(s) □ Y □ N |

Specifically (sneezing, runny nose, headache, chest pain, muscle aches, ...):---------------------

------------------------------------------------------------------------------------------------------------

**7. History of present and/or past chronic conditions:**

**8. History of Epidemiological risk factors or correlating illnesses** (please, tick the relevant case**(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **From the last 14 days** | **Yes** | **No** | **Non applicable** |
| Having lived/ traveled to area(s) having identified case(s) of nCoV? If yes, please write down the address: |  |  |  |
| Having taken care of patient(s) identified or suspected as nCoV case? |  |  |  |
| Having contacted/ worked with patient(s) identified or suspected as nCoV case? |  |  |  |
| Having travelled in the same car/train/plane with patient(s) identified or suspected as nCoV case? |  |  |  |
| Having had direct contact with patient(s) identified or suspected as nCoV case? |  |  |  |

Any other epidemiologic risk factors, please write down ---------------------------------------------------------------------------------------------------------------------------------------------------------------------

* ***If patient has any clinical and epidemiologic sign(s), specific procedure(s) must be applied.***
* ***If patient has only epidemiologic sign(s), close follow-up must be applied.***

|  |  |
| --- | --- |
|  | *day....month ..... 2020*  Investigator |