Philippine Integrated Disease Surveillance and Response

Case Investigation Form (SAMPLE)
Coronavirus Disease (COVID-19)

Disease Reporting Unit/Hospital:	Name of Investigator:	Date of Interview: (mm/dd/yyyy)
FIRST AIDE DIAGNOSTICS INC.		

1. Patient Profile

Last Name:	First Name:	Middle Name:	Birthday: (mm/dd/yyyy)	Age:	Sex:
DELA CRUZ	JUAN	PEREZ	02/15/1990	30	☑ Male ☐ Female

Occupation:	Civil Status:	Nationality:	Passport No.:
SEAMAN	MARRIED	FILIPINO	P00000001

2. Philippine Residence

2.1. Permanent Address

House No./Lot/Bldg.:	Street/Barangay:	Municipality/City:	Province:
123/SITIO/PUROK	AGUINALDO ST./BRGY169	MANILA	NUEVA ECIJA

Region:	Home Phone No.:	Cellphone No.:	E-mail address:
III OR 3	8888-8888	09277896474	JUANDC@GMAIL.COM

2.2. Current Address

House No./Lot/Bldg.:	Street/Barangay:	Municipality/City:	Province:
MANILA HOTEL	ERMITA ST.	MALATE MANILA	METRO MANILA

Region:	Home Phone No.:	Work Phone No.:	Other Email address:
NCR	8527 0011	8888-8888	SAME AS ABOVE

3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines)

Employer's Name:	Occupation:	Place of Work:
COMPANY NAME	SEAMAN	METRO MANILA

House No./Bldg. Name:	Street:	City/Municipality:	Province:
PACIFIC STAR BLDG	AVENUE ST.	MAKATI	CEBU

Country:	Office Phone No.:	Cellphone No.:
PHILIPPINES	8888-8888	09251445189

4. Travel History

History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms:	☐ Yes ☑ No	Port (Country) of exit: MALAYSIA(LAST DESTINATION)

Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)	Date of arrival in Philippines: (mm/dd/yyyy)
MV SHIP	00001	05/04/2020	05/06/2020

5. Exposure History

History of **Exposure to Know n COVID-19 Case** 14days before the onset of signs and symptoms	☐ Yes ☑ No ☐ Unknown	If yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy): N/A

Have you been in a **place with a known COVID-19 transmission** 14 days before the onset of signs and symptoms: ☐ Yes ☑ No ☐ Unknown	If yes: Place: ☐ Workplace ☐ Social gathering ☐ Others, specify type: ☐ Health facility ☐ Religious gathering
	Date when you have been in that place: N/A
	Name of the place: N/A

List the names of persons who were with you during this (these) occasion(s) and their contact numbers: *Use the back part of this sheet when needed*	Name	Contact number
	CAPT. JOHN CRUZ	09177659571
	ANTHONY LOPEZ	09223656219
	EDUARDO TAN	09162269571

6. Clinical Information

Disposition at Time of Report: ☐ Inpatient ☑ Outpatient ☐ Discharged ☐ Died ☐ Unknown	
Date of Onset of Illness (mm/dd/yyyy): N/A	Date of Admission/Consultation (mm/dd/yyyy): N/A
Fever: °C ☐ Cough ☐ Sore throat ☐ Colds ☐ Shortness/difficulty of breathing	
Other signs/symptoms, specify: N/A	Is there any history of other illness? ☐ Yes ☑ No If YES, specify:
Chest X-ray done? ☐ Yes ☑ No If yes, when?	Are you pregnant? ☐ Yes ☑ No LMP: Assessed as High Risk? ☐ Yes ☐ No
CXR Results: Pneumonia ☐ Yes ☐ No ☐ Pending	Other Radiologic Findings: N/A

7. Specimen Information

Specimen Collected	If YES, Date Collected (mm/dd/yyyy)	Date sent to RITM (mm/dd/yyyy)	Date received in RITM (to be filled up by RITM)	Virus Isolation Result	PCR Result
☐ Serum					
☐ Oropharyngeal/ Nasopharyngeal swab					
☐ Others					

8. Classification

☑ Suspect Case	☐ Probable Case	☐ Confirmed Case

9. Outcome

Date of Discharge (mm/dd/yyyy): N/A	Condition on Discharge: ☐ Improved ☐ Recovered ☐ Transferred ☐ Absconded ☐ Died N/A