



Philippine Integrated Disease  
Surveillance and Response

## Case Investigation Form 2019 Coronavirus Disease (CoViD-19)



**SAFEGUARD**  
DNA DIAGNOSTICS INC.



Disease Reporting Unit/Hospital		Name of Investigator		Date of Interview	
<b>1. Patient Profile</b>					
Last Name	First Name	Middle Name	Birthday	Age	Sex
Occupation	Civil Status	Nationality	Passport No.		
<b>2. Philippine Residence</b>					
House No./Lot/Bldg.	Street	Municipality/City	Province		
Region	House/Phone No.	Cellphone No.	Email Address		
<b>3. Overseas Employment Address (for Overseas Filipino Workers)</b>					
Employer's Name	Occupation	Place of Work			
House No./Bldg. Name	Street	Municipality/City	Province/State		
Country	Office Phone No.	Cellphone No.			
<b>4. Travel History</b>					
History of travel/visit/work in other country within 14 days		( ) Yes ( ) No	Port of Exit		
Airline/Sea Vessel	Flight/Vessel No.	Date of Departure	Date of Arrival in Philippines		
<b>5. Exposure</b>					
History of Exposure to Known CoViD-19 Case	( ) Yes ( ) No ( ) Unknown	If yes: Date of Contact with Known CoViD-19 Case:			
<b>6. Clinical Information</b>					
Clinical Status at Time of Report    Inpatient ( )    Outpatient ( )    Died ( )    Discharged ( )    Unknown ( )					
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 X-RAY Done? ( ) Yes ( ) No If YES, when?		Are you pregnant? ( ) Yes LMP _____ ( ) No			
CXR Results: Pneumonia ( ) Yes ( ) No ( ) Pending		Other Radiologic Findings:			
<b>7. Specimen Information</b>					
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					
<b>8. Final Classification</b>					
( ) Patient Under Investigation (PUI)    ( ) Person Under Monitoring (PUM)    ( ) Confirmed CoViD-19 Case					
<b>9. Outcome</b>					
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 ( ) and/or cough, and/or sorethroat, and/or 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

### Patient Under Monitoring

- 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)