



Case Investigation Form Coronavirus Disease (COVID-19)



Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Age	Sex: () Male () Female
Occupation	Civil Status	Nationality		Passport No.	
2. Philippine Residence					
2.1. Permanent Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Cellphone No.	Email address		
2.2. Current Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Work Phone No.	Other Email address		
3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines)					
Employer's Name:		Occupation	Place of Work:		
House No./Bldg. Name	Street	City/Municipality		Province	
Country:	Office Phone No.:	Cellphone No.:			
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:	
Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)	Date of Arrival in Philippines:		
5. Exposure History					
History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms:			() Yes () No () Unknown	If yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy):	
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: () Work place () Health facility () Social gathering () Religious gathering () Others: specify type: _____ Date when you have been in that place: Name of the place:	
List the names of persons who were with you during this (these) occasion(s) and their contact numbers: <i>Use the back part of this sheet when needed</i>			Name		Contact number
			1.		
			2.		
			3.		
6. Clinical Information					
Disposition at Time of Report () Inpatient () Outpatient () Discharged () Died () Unknown					
Date of Onset of Illness (mm/dd/yyyy):			Date of Admission/Consultation (mm/dd/yyyy):		
Fever _____°C () Cough () Sore throat () Colds () Shortness/difficulty of breathing					
Other signs/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 () No LMP _____ Assessed as High Risk? () Yes () No		
CXR Results: Pneumonia () Yes () No () Pending Other Radiologic Findings:					
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):		Condition on Discharge: () Improved () Recovered () Transferred () Absconded () Died			
Name of Informant: (if patient not available)			Relationship:	Phone No.	

COVID-19 Case Definitions:

1. **Suspect case** – is a person who is presenting with any of the conditions below.
 - a. All SARI cases where NO other etiology fully explains the clinical presentation.
 - b. ILI cases with any one of the following:
 - i. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset OR
 - ii. with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
 - c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above
 - ii. With a comorbidity
 - iii. Assessed as having a high-risk pregnancy
 - iv. Health worker
2. **Probable case** – a suspect case who fulfills anyone of the following listed below.
 - a. Suspect case whom testing for COVID-19 is inconclusive
 - b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing
3. **Confirmed case** – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility.