



Case Investigation Form
2019 Novel Corona Virus (2019 n-CoV)
Epidemiology Unit/Ministry of Health /Sri Lanka



Part I – Should be filled for both local & foreign patients			
1) Name with Initials (<i>In Block Capitals</i>):		2) Name of the Hospital:	
3) Date of Admission:	5) Reason for Admission:		6) BHT :
4) Date of Onset:			7) Ward No:
8) Date of birth:...../...../..... (dd/mm/yyyy)	10) Pregnancy: Yes <input type="checkbox"/> No <input type="checkbox"/>	12) Nationality: Local <input type="checkbox"/> Foreign <input type="checkbox"/>	
9) Age:	11) Sex (✓): Male <input type="checkbox"/> Female <input type="checkbox"/>	(if nationality is foreign, please fill the 2 nd part as well on next page)	
13) Airport of arrival in Sri Lanka (✓): BIA <input type="checkbox"/> MRIA <input type="checkbox"/> JAF <input type="checkbox"/>			14) Flight No (<i>Arrived to Sri Lanka</i>) :
15) Countries visited during 14 days:			
16) Date of arrival in Sri Lanka:		17) Countries of transit:	
18) Permanent address:		19) District:	
		20) MOH area:	
21) Contact Details: Telephone (Foreign):.....,..... Telephone (Sri Lanka):..... Email.....			
22) Any close contact with persons having flu during last 14 days (✓)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:			
23) Present symptoms, please mark '✓' on relevant cage:			
Fever <input type="checkbox"/>	Sore throat <input type="checkbox"/>	Cough <input type="checkbox"/>	Runny nose <input type="checkbox"/>
Headache <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Vomiting <input type="checkbox"/>	Fatigue <input type="checkbox"/>
Temperature°C / °F	Difficulty in breathing <input type="checkbox"/>		
Co-morbidities: DM <input type="checkbox"/> HPT <input type="checkbox"/> CKD <input type="checkbox"/> etc.....			
Any other symptoms:.....			

24) Outcome: Recovered <input type="checkbox"/> Still in ward <input type="checkbox"/> Died <input type="checkbox"/> Transferred to <input type="checkbox"/>	25) Investigations: Virology Sample Yes <input type="checkbox"/> No <input type="checkbox"/> Results
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Part II – Foreign Patient

1) County of Origin:	3) Duration of stay in Sri Lanka:
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2) Reasons for travel: Visit <input type="checkbox"/> Education <input type="checkbox"/> Official <input type="checkbox"/> Other <input type="checkbox"/> If other, specify:	4) Address in Sri Lanka:
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5) Places Stayed:

Place	Duration

Name:.....

Designation:.....

Signature:

Date:

Please complete this form for each patient from relevant institute and return to the Epidemiology Unit.
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