COVID-19 Case Record Form- Admission

To be completed for every patient admitted to a facility with CONFIRMED COVID-19.

ID no |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Surname_____ **Hospital#**_____

Section A: Admission			
1.	facility	**Name of facility: (dropdown)**	
2.		**Name of person completing form**	
3.		**Tel no of person completing form**	
4.		**Date form completed (date field)**	
Section B: Demographics			
5.		**Name of patient**	
6.		**ID number (ID NUMBER FIELD)**	
7.	dateofbirth	**Date of birth (dd/mm/yyyy)** |___|___|/|___|___|/|___|___|___|___|	
8.	gender	**Sex at birth** Male ___| Female___|	
9.	Ethnicgrp	**Ethnic group** Black African ___| White ___| Colored ___| Indian ___| Chinese ___| Other ___|	
10.		**Is the patient a healthcare worker? (tick)** **If yes tick** Doctor Specify speciality _____ Nurse Allied health care worker Laboratory	
11.	pregnant	**Pregnant? (tick)**	
12.	Pp	**Post-partum 6 weeks? (tick)**	
Section C: Co-morbidities			
13.	Comorbids	**Does the patient have past history of the following: (tick multiple)** -Hypertension -Diabetes -Chronic cardiac disease -Cardiovascular disease -Chronic pulmonary disease (not asthma) -Asthma (physician diagnosed) -Chronic kidney disease -Liver disease -Malignant neoplasm (cancer) in last 5 years -Rheumatologic disorder -Dementia -Tuberculosis -HIV positive, not on ART -HIV positive, on ART, with viral suppression -HIV positive, on ART, no viral suppression -Overweight (as defined by clinical staff) -Smoking Current smoker___| Former smoker ___| Never smoked__| -Other relevant risk factor If other Specify	
14.		**Current medication (tick multiple)** ARV - Combination containing Kaletra or Alluvia - TLD (tenofovir/ Lamivudine/ Dolutegravir) ACE-inhibitor Non-steroidal anti-inflammatory, eg Ibuprofen	
Section D: Onset and admission			
15.	Onsetdate	**Onset date of first/earliest symptom**: (dd/mm/yyyy) |___|___|/|___|___|/|___|___|___|___|	
16.	Admdatetime	**Date of admission** (dd/mm/yyyy) :	

		|___|___|/|___|___|/|___|___|___|___|	
17.		**On Admission is the patient admitted to: (tick one)** General Ward Intensive Care Unit Critical Care Unit High care **Is the patient ventilated**? (tick)	
Section E: Symptoms at hospital admission (soon as possible after admission)			
18.	Symptoms	**Any of the following symptoms on admission (tick multiple)** Fever Cough Sore throat Muscle aches (Myalgia) Joint pain (Arthralgia) Fatigue / Malaise Shortness of breath (Dyspnea) Headache Altered consciousness/confusion Seizures Abdominal pain Vomiting / Nausea Diarrhoea Other, specify _____	