COVID-19 Patient Exposure Screening Form

1. Patient Status	☐ Confirmed case ☐ Presumed case ☐ Contact
1.1 Case ID (if COVID-suspected or -confirmed):	
1.2 Contact ID (if close contact of COVID case):	

*a person may have a contact and case ID if they started as a contact and then were converted to a case

2. Contact Information and Demographics (fill if separated from intake form)

2.1 First name:	**2.2 Surname:**
2.3 Telephone number	**2.4 National social number/ identifier**
2.5 Province/Region	**2.6 District/Commune**
2.7 Town or Village	**2.8 Landmark/street name**

3. General Exposure Information

3.1 Have you travelled within the last 14 days?

☐ Yes → ☐ Domestically ☐ Internationally
☐ No
☐ Unknown

Start date: ____/____/_____
(DD/MM/YYYY)

If YES → Countries, Regions and Cities visited:

End date: ____/____/_____
(DD/MM/YYYY)

3.2 Have you been present in a healthcare facility in the last 14 days?

☐ Yes → Facility: _____
☐ No
☐ Unknown

3.3 Occupation

☐ Health worker
☐ Health laboratory worker
☐ Student
☐ Other, specify:_____

If YES to any → location of work or study:
_____

4.4 In the past 14 days, have you had contact with anyone with suspected or confirmed COVID-19 infection?

☐ Yes → Go to **Primary Case Contact Information**
☐ No → Go to **Symptoms Form**
☐ Unknown → Go to **Symptoms Form**

5. Primary Case Contact Information

Complete if respondent had contact with a known/suspected COVID-19 Case

5.1 Name of primary COVID-19 case	**5.2 Case ID of primary COVID-19 case**
5.3 Relationship to primary COVID-19 case	**5.4 Date of last contact with case** ____/____/_____ (DD/MM/YYY)

5.5 Does contact live with primary case?

☐ Yes →
☐ No
☐ Unknown

Number of days during the time the case was ill that were spent within 6 ft of case _____

Number of rooms in the home _____

Number of residents in the home _____