

COVID-19 Patient Follow Up Form

1. Patient Status	<input type="checkbox"/> Confirmed case <input type="checkbox"/> Presumed case <input type="checkbox"/> 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

3. Close CONTACT Record	
Complete if respondent had contact with a known/suspected COVID-19 Case	
3.1 What was contact outcome?	<input type="checkbox"/> Completed isolation period without becoming a confirmed or presumed COVID-19 case <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Died <input type="checkbox"/> Refused follow up <input type="checkbox"/> Became a confirmed or presumed COVID-19 case → Go to Close CASE Record
4. Close CASE Record	
Complete if respondent was a known/suspected COVID-19 Case	
4.1 What was case outcome?	<input type="checkbox"/> Recovered outside health facility (isolation period ended) <input type="checkbox"/> Recovered at health facility (discharged) <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Died <input type="checkbox"/> Transferred out (Facility name: _____) <input type="checkbox"/> Refused treatment or follow up