ICMR-National Insitute of Virology, Pune

Case Record Form

Field ID | Date of Collection of Specimen | Collected by

Aadhar Card Number

Case Information :

Name of the patient | Occupation

Age in completed years | Gender | Pregnant | If Pregnant (Mention weeks of pregnancy)

Detailed Address:

Locality | Village | Taluka | City

District | State | Pincode | Contact Number

Clinical History :

Name of Hospital/ Clinic | OPD/IPD Number

Post Illness day | Date of Hospitalization

Asymptomatic ☐ Symptomatic ☐ Date of onset of symptoms

☐ Fever ☐ Chills/Rigors Grade of fever | Type of fever

☐ Myalgia ☐ Fatigue ☐ Headache ☐ Malaise ☐ Bodyache ☐ Lymphadenopathy Specify

☐ Rash ☐ Macular ☐ Papular ☐ Maculo-papular ☐ Vesicular ☐ Pustular ☐ Pinpoint ☐ Ischar ☐ Bullae

☐ Scabs/Crusts ☐ Others Specify

☐ Respiratory symptoms ☐ Cold ☐ Cough (dry) ☐ Cough (Expectorant) ☐ Nasal Discharge ☐ Breathlessness

☐ Hemoptysis ☐ Chest pain ☐ Ear Discharge ☐ Sore throat Others (Specify)

☐ Eye problems ☐ Redness ☐ Pain ☐ Watering ☐ Stickiness Others (Specify)

☐ Oro-GI symtoms ☐ Nausea ☐ Vomiting ☐ Diarrhoea ☐ Abdominal pain ☐ Loss of appetite

☐ Oral ulcers ☐ Koplik spot ☐ Swollen/tender salivary glands ☐ Others Specify

☐ CNS symptoms ☐ Altered Sensorium ☐ Convulsions ☐ Imitability ☐ Disorientation ☐ Neck pain/Stifness

Others (Specify)

Travel History

Country & Route of travel | Date of Arrival

Complications:

☐ Pneumonia ☐ ARDS On Mechanical Ventilation ☐ Coagulopathy ☐ Acute Renal Failure

☐ Encephalitis/Meningitis ☐ Sepsis ☐ Severe Dehydration ☐ Uveitis/Iritis ☐ Orchitis ☐ Arthritis

☐ Reye's Syndrome ☐ Myocarditis ☐ Hepatitis ☐ Hearing loss ☐ Otitis Media ☐ Acute Malnutrition

☐ Others Specify

Past History: ☐ Diabetes ☐ Hypertension ☐ COPD ☐ Asthama ☐ Pulmonary TB ☐ Heart Disease ☐ Liver disease

☐ Other Immunocompromised conditions if yes, specify ☐ Smoking

☐ Tobacco cheweing ☐ Alchoholism ☐ Others Specify

Treatment History : ☐ Amoxicillin ☐ Septran ☐ Amoxiclav ☐ Azithromycin ☐ Erythromycin ☐ Levofloxacin

☐ Acyclovir ☐ Vit- A syrup Units ☐ Others Specify

Epidemiological History:

☐ Contact with case of fever with rash or similar symtoms in last 21 days Specify

☐ Contact with known case of confirmed case in last 21 days Specify

☐ Similar history in family members/neighbours/friends Specify

☐ Attending any mass gathering in last 21 days Specify

☐ Past Vaccination History (VSV/Measles/Mumps/Rubella/Samll Pox) Specify

☐ Contact with Wild animals/Rodents/Raw meat consumption in last 21 days Specify

Time of Specimens Collected:

☐ Orophyrangeal swab ☐ Nasophyrangeal Swab ☐ EDTA blood ☐ Lesional Fluid ☐ Lesion Roof

☐ Scrappings from Base of lesion ☐ Crusts/Scabs ☐ Serum ☐ CSF ☐ Urine ☐ Others Specify

Hematological Investigations:

Hb (gm%) TLC/WBC Neutrophils Lymphocytes Eosinophils Platelets

Blood Urea Serum Creatinine Serum Albumin ALT AST

Serum Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) PT INR

Urine Bile Salt/ Bile Pigment Proteinuria Others (Specify)

X-Ray/CT scan [Chest]

Laboratory Investigations:

Real Time PCR Conventional PCR Serology Antigen

Outcome History:

☐ Cured and Discharged Date of Discharge ☐ Died Date of Death

Name of treating physician Contact Number

Laboratory Diagnosis

Provisional Diagnosis

Final Diagnosis