

PATIENT PROFORMA FOR 2019-nCoV (SARS-CoV-2) TESTING (Form 44)
THIS FORM SHOULD BE ACCOMPANIED BY A PRESCRIPTION AND A VALID GOVT ID.

Name of the Patient		Nationality	
Age		Gender	
Address		District	
Telephone No/ Mobile No:		State	
Hospital / Doctor Name		Date of sample collection:	
Is the patient quarantined?	Y/N		
Status of clinical symptoms - Symptomatic / Asymptomatic (Tick which is applicable)			
If Symptomatic Date of onset of symptoms:			
Fever:	Y/N	Chills:	Y/N Duration:< <7days >7days
Cough:	Y/N	Dry Cough:	Y/N Sore Throat: Y/ N
Difficulty in Breathing:	Y/N	Muscle pain:	Y/N Headache: Y/ N
Nausea:	Y/N	Vomiting:	Y/N Abdominal pain: Y/ N
Diarrhoea:	Y/N	Any other symptom: (pl. mention with date onset):	

History of possible exposure to lab confirmed case of 2019 -nCoV (SARS-CoV-2): Y / N	
International Travel: Y/ N	Country..... Place.....
Duration of stay:	
Date of arrival in India:	
*In case of travel to multiple countries, even transiently (please mention details):	
Is the person, a health care worker: Y/N	
If HCW, H/o of treating an unusual cluster of cases with above mentioned symptoms:	Y/N
Any other tests done (please give details)	
Type of sample (Pl tick, including more than one type)	
Nasopharyngeal swab and Oropharyngeal swab	Y/N
any other (please mention) _____	
Valid Govt ID attached showing address proof _____ (Specify: Aadhaar/Voter ID/Driving License /Passport)	