Checklist for classifying patients suspected of being infected by COVID-19

DATA AND AVAILABILITY OF THE <u>PERSON MAKING THE CALL</u>

First name and surname: …………………………………………………………………………………………………….

Phone number: …………………………………………………………………………………………………….

YOUR DATA AND AVAILABILITY

First name and surname: …………………………………………………………………………………………………….

Place of stay (exact address): …………………………………………………………………………………………………...

Phone number, email address: ……………………………………………………………………………………………..

YOUR DATA WITH DEMOGRAPHIC, HEALTH AND EPIDEMIC RELEVANCE

Gender: [ ] Male [ ] Female

Date of birth (year, month, date): …………………………………………………………….

Profession: …………………………………………………………

(A) Do you experience any of these symptoms: [ ] Fever (≥ 38°C) [ ] Cough [ ] Shortness of breath

(B1) Have you been in the last 14 days in any area/country affected by coronavirus?

[ ] No [ ] Yes, namely: ……………………………………………….

(B2) Have you been at any mass event from28th of february? [ ] No [ ] Yes

(B3) Have you been in close contact during the 14 days prior to the appearance of symptoms with any person who is suspected or confirmed to have the coronavirus?

   [ ] living in a household with an infected person
   [ ] has had personal contact with an infected person (stayed within 2 meters for more than 15 minutes)
   [ ] has stayed in a confined space with an infected person (stayed within 2 meters for more than 15 minutes, e.g. workplace, classroom, hospital visit)
   [ ] on a plane, has sat at two seat's distance in any direction from an infected person OR nursed a patient with 2019-nCoV OR as a flight crew member served in the seating sector of an infected person

Additional remark: ……

CLASSIFICATION OF THE PERSON FILLING IN THE FORM IN TERMS OF COVID-19 SUSPICION

[ ] SUSPICIOUS CASE* [ ] NOT SUSPICIOUS CASE

* Either on the basis of [A]+ [B1] when the travel criterion was met in the previous 14 days parallel with any of the symptoms listed above, or on the basis of [A]+ [B2] when parallel with having any of the listed symptoms, had close contact with a confirmed or suspected case in the previous 14 days.

Place, date: …………………….………………………………………

Name: …………………………………………………………………..