Revised case report form for Confirmed Novel Coronavirus COVID-19
(report to WHO within 48 hours of case identification)

Date of reporting to national health authority: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]

Reporting country: ____________________________

Why tested for COVID-19:
□ Contact of a case  □ Ill Seeking Healthcare due to suspicion of COVID-19  □ Detected at point of entry  □ Repatriation
□ Routine respiratory disease surveillance systems (e.g influenza)  □ Unknown
    *If none of the above, please explain: ____________________________________________________________

Section 1: Patient Information

Unique Case Identifier (used in country): ____________________________

Age (years): [___][___][___] if <1 year old, [___][___] in months or if < 1 month, [___][___] in days

Sex at birth: □ Male        □ Female

Place where the case was diagnosed: Country: ____________________________
    Admin Level 1 (province): ____________________________

Case usual place of residency: Country: ____________________________

Section 2: Clinical Status

Date of first laboratory confirmation test: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]

Any symptoms* or signs at time of specimen collection that resulted in first laboratory confirmation?
□ No (i.e., asymptomatic)  □ Yes  □ Unknown
    *If yes, date of onset of symptoms: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]

Underlying conditions and comorbidity:
Any underlying conditions? □ No  □ Yes  □ Unknown

    *If yes, please check all that apply:
□ Pregnancy (trimester: ____________)
□ Cardiovascular disease, including hypertension
□ Diabetes
□ Liver disease
□ Chronic neurological or neuromuscular disease
□ Other(s), please specify:
□ Post-partum (< 6 weeks)
□ Immunodeficiency, including HIV
□ Renal disease
□ Chronic lung disease
□ Malignancy
Health Status at time of reporting:

Admission to hospital: □ No □ Yes □ Unknown
First date of admission to hospital: [D]/[D]/[M]/[M]/[Y]/[Y]/[Y]/[Y]

If yes
Did the case receive care in an intensive care unit (ICU)? □ No □ Yes □ Unknown
Did the case receive ventilation? □ No □ Yes □ Unknown
Did the case receive extracorporeal membrane oxygenation? □ No □ Yes □ Unknown

Is case in isolation with Infection Control Practice in place □ No □ Yes □ Unknown
Date of isolation: [D]/[D]/[M]/[M]/[Y]/[Y]/[Y]/[Y]

Section 3: Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)

Is case a Health Care Worker (any job in a health care setting): □ No □ Yes □ Unknown

If yes, Country: ____________ City: ____________ Name of Facility: ______________________________

Has the case travelled in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, please specify the places the patient travelled to and date of departure from the places:

<table>
<thead>
<tr>
<th>Country</th>
<th>City</th>
<th>Date of Departure from the place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has case visited any health care facility in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

Has case had contact with a confirmed case in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, please list unique case identifiers of all probable or confirmed cases:

If yes, please explain contact setting: ________________________________________________________________

<table>
<thead>
<tr>
<th>Contact ID</th>
<th>First Date of Contact</th>
<th>Last Date of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>2.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>3.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>4.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>5.</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

Most likely country of exposure: ________________________________________________________________
Section 4: Outcome: complete and re-sent the full form as soon as outcome of disease is known or after 30 days after initial report

Date of re-submission of this report: [ _ _ ]/ [ _ _ ]/ [ _ _ ]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs at any time prior to discharge or death:

☐ No (i.e., case remains asymptomatic)

☐ Yes, asymptomatic case (as previously reported) developed symptoms and/or signs of illness

If yes, date of onset of symptoms/signs of illness: [ _ _ ]/ [ _ _ ]/ [ _ _ ]

☐ Unknown

Clinical Course:

Admission to hospital (may have been previously reported): ☐ No ☐ Yes ☐ Unknown

If admitted to hospital:
First date of admission to hospital: [ _ _ ]/ [ _ _ ]/ [ _ _ ]

Did the case receive care in an intensive care unit (ICU)? ☐ No ☐ Yes ☐ Unknown
Did the case receive ventilation? ☐ No ☐ Yes ☐ Unknown
Did the case receive extracorporeal membrane oxygenation? ☐ No ☐ Yes ☐ Unknown

Health Outcome: ☐ Recovered/Healthy ☐ Not recovered ☐ Death ☐ Unknown: ☐ Other:

If other, please explain: ____________________________________________________________

Date of Release from isolation/hospital or Date of Death: [ _ _ ]/ [ _ _ ]/ [ _ _ ]

If released from hospital/isolation, date of last laboratory test: [ _ _ ]/ [ _ _ ]/ [ _ _ ]/ [ _ _ ]

Results of last test: ☐ positive ☐ negative ☐ Unknown

Total number of contacts followed for this case: ___________ ☐ Unknown