

Annex 2i : INVESTIGATION FORM COVID-19

DISTRICT HEALTH OFFICE: _____

a) DEMOGRAPHIC

Name	:	
IC/passport No.	:	
(If Malaysian travellers, please obtain both IC and passport No.)	:	
Date of birth	:	
Age	:	
Gender	:	
Nationality	:	
Country Origin	:	
Contact no.	:	
Current Address in Malaysia (home/accomodation)	:	
Occupation & Address of workplace	:	

b) EPIDEMIOLOGICAL LINK

i. History travelling to affected country : YES / NO (If YES, please complete the box below)		
a.	Affected country travelled to	:
b.	Date departure from affected country	:
c.	Date of entry to Malaysia	:
d.	Point of entry to Malaysia	:
e.	Mode of transport into Malaysia	:
f.	Flight no. & seat no / vehicle no (kindly please provide details of ALL flight / mode of transportation used)	:

g.	Any transit	:	YES / NO
h.	Places & date of transit	:	1)
		:	2)
		:	3)
i.	Address in affected country (home/accomodation in affected country)	:	
ii. History of exposure to confirmed/probable COVID-19 case : YES / NO			
	Date of last exposure	:	
iii. History coming back from red zone / areas : YES /NO			
	Red Zone Area Visited	:	
	Date coming back from red zone area	:	
iv	History visited other healthcare facilities before diagnosis. : YES/ NO		
	Name of healthcare facilities	:	
	Date of visiting	:	
		:	
		:	
v. Any other identified epidemiological risk :			
		:	
		:	

c) COVID-19 STATUS

Date of diagnosis	:	
Date of notification	:	
Date of investigation	:	
Date of admission	:	
Admitting Hospital	:	

d) SIGN & SYMPTOM

Signs and symptoms	Date of onset
I. At least TWO of this following	
Fever	
Chill	
Rigors	
Myalgia	
Headache	
Sore Throat	
Nausea / Vomiting	
Diarrhea	
Fatigue	
Acute onset Nasal Congestion or running nose	
ii. Any ONE of the following	
Cough	
Shortness of Breath	
Difficulty in Breathing	
Sudden new onset of anosmia (loss of smell)	
Sudden new onset of ageusia (loss of taste)	

e) MOVEMENT HISTORY (please include movement history outside Malaysia if the case was a traveler coming back from overseas)

Day	Date	Details of Daily activities (Place went)	Contact (name & phone)
14 days before onset			
13 days before onset			
12 days before onset			
11 days before onset			
10 days before onset			
9 days before onset			
8 days before onset			
7 days before onset			
6 days before onset			
5 days before onset			
4 days before onset			
3 days before onset			
2 days before onset			
1 days before onset			
onset			
1 day after onset			
2 days after onset			
3 days after onset			
4 days after onset			
5 days after onset			

f) LIST OF CLOSE CONTACTS (please also include close contact identified from other countries for the case coming back from overseas for IHR Notification)

Name	Age	Gender	Relationship with contact	Date of last contact	Contact No.

g) NAME OF HEALTHCARE WORKERS INVOLVE IN MANAGING THE CASE (DR./SN/PPP/PPKP/DRIVER/OTHERS)

Name	Name of Facility	Position

h) LABORATORY INVESTIGATION

Date of first sample taken	
Type of test conducted (rt-PCR/RTK-Ag)	
Date of sample sent to laboratory	
Name of laboratory	
Date received result	
Result (positive/negative) If positive please write CT-value	

i) CONTROL AND PREVENTION DONE BY DISTRICT HEALTH OFFICE

Activities	Date	Notes
Contact Tracing		
Active Case Detection		
Health Education		
Home surveillance		
Disinfection		
Others		

COMMENT BY DISTRICT EPIDEMIOLOGIST

Name:

Designation:

Date & Time:

COMMENT BY STATE EPIDEMIOLOGIST

Name:

Designation:

Date & Time: