Philippine Integrated Disease Surveillance and Response

Case Investigation Form
Coronavirus Disease (COVID-19)
Version 7

General Instructions

1) The Case Investigation Form is meant to be administered as an Interview by a health care worker or any personnel of the Disease Reporting Unit. **This is not a Self-Administered Questionnaire**.

2) Please be advised that Disease Reporting Units are only allowed to obtain **1 copy of accomplished CIF** from a patient.

3) Please fill out all blanks and put a check mark ✓ on the appropriate box. Never leave an item blank, just write N/A or not applicable. **Items with * are required fields.**

4) All dates must be in **MM/DD/YYYY format.**

Disease Reporting Unit*	DRU Region and Province	PhilHealth No.*
SAFEGUARD DNA DIAGNOSTICS INC.		
Name of Interviewer	Contact Number of Interviewer	Date of Interview (MM/DD/YYYY)*
Name of Informant (If patient unavailable)	Relationship	Contact Number of Informant

Type of Client	☐ COVID-19 Case (Suspect, Probable, or Confirmed)	☐ Close Contact
	☐ For RT-PCR Testing (Not a Case of Close Contact)	☐ Others, please specify

1. Testing Category/Subgroup (Check all that apply) *Refer to Appendix 1*

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J

Part 1. Patient Information

2. Patient Profile

Last Name*	First Name (and Suffix)*	Middle Name*
Birthday (MM/DD/YYYY)*	Age*	Sex* ☐ Male ☐ Female
Civil Status	Nationality	Occupation

3. Current Address in the Philippines and Contact Information* (Give address of institution if you live in closed settings, see Part 2 #9)

House No./Lot/Bldg.	Street/Purok/Sitio	Barangay	Municipality/City
Province	Home Phone No. (& Area Code)	Cellphone No.	Email Address

4. Current Workplace Address and Contact Information

Lot/Bldg.	Street	Barangay	Municipality/City
Province	Name of Workplace	Phone No./Cellphone No.	Email Address

5. Consultation and Admission Information

Did you have previous COVID-19 related consultation?	☐ Yes, Date of First Consult(MM/DD/YYYY)* _____ ☐ No
Name of facility where first consult was done	
Was the case admitted in a health facility?	☐ Yes, Date of Admission (MM/DD/YYYY)* *Indicate earliest date if admitted in multiple health facilities* _____ ☐ No
Name of Facility where patient was first admitted	
Region and Province of Facility	

6. Disposition at Time of Report* (Provide name of hospital/isolation/quarantine facility)

☐ Admitted in hospital _____ Date and Time admitted in hospital _____
☐ Admitted in isolation/quarantine facility _____ Date and Time isolated/quarantined in facility _____
☐ In home isolation/quarantine Date and Time isolated/quarantined at home _____
☐ Discharged to home If Discharged: Date of Discharge (MM/DD/YYYY)* _____ ☐ Others: _____

7. Health Status at Consult*

☐ Asymptomatic ☐ Mild ☐ Moderate ☐ Severe ☐ Critical

8. Case Classification* (*Refer to Appendix 2*)

☐ Suspect ☐ Probable ☐ Confirmed ☐ Non-COVID-19 Case

PART 2: Case Investigation Details

9. Special Population

Health Care Worker*	☐ Yes, Name & location of health facility _____	☐ No
Returning Overseas Filipino*	☐ Yes, Country of origin _____	☐ No
Foreign National Traveler*	☐ Yes, Country of origin _____	☐ No
Locally Stranded Individual/APOR/Traveler*	☐ Yes, City, Mun, & Prov of origin _____	☐ No
Lives in Closed Settings*	☐ Yes, specify Type of Institution (e.g. prisons, residential facilities, retirement communities, care homes, camps etc.) _____ and specify Name of Institution _____	☐ No

10. Permanent Address and Contact Information (If different from current address)

House No./Lot/Bldg.	Street /Purok/Sitio	Barangay	Municipality/City
Province	Home Phone No. (& Area Code)	Cellphone No.	Email Address

11. Address Outside the Philippines and Contact Information (for Overseas Filipino Workers and Individuals with Residence outside PH)

House No./Lot/Bldg.	Street	Municipality/City	Province
Country	Place of Work	Employer's Name	Employer's/Office Contact No.

12. Clinical Information

Date of Onset of Illness (MM/DD/YYYY)* _____

Signs and Symptoms (Check all that apply if present)

- ☐ Asymptomatic
- ☐ Fever _____ °C
- ☐ Cough
- ☐ General weakness
- ☐ Fatigue
- ☐ Headache
- ☐ Myalgia
- ☐ Sore throat
- ☐ Coryza
- ☐ Dyspnea
- ☐ Anorexia
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Altered Mental Status
- ☐ Anosmia (loss of smell)
- ☐ Ageusia (loss of taste)
- ☐ Others _____

Comorbidities (Check all that apply if present)

- ☐ None
- ☐ Hypertension
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Lung Disease
- ☐ Gastrointestinal
- ☐ Genito-urinary
- ☐ Neurological Disease
- ☐ Cancer
- ☐ Others _____

Are you pregnant? ☐ Yes, LMP _____ ☐ No

High-risk pregnancy? ☐ Yes ☐ No

Were you diagnosed to have Severe Acute Respiratory Illness? *(Refer to Appendix 2)* ☐ Yes ☐ No

Chest imaging findings suggestive of COVID-19

Imaging Done (Check all that apply)	Results
☐ Chest radiography	☐ Normal ☐ Pending ☐ Hazy opacities, often rounded in morphology, with peripheral and lower lung distribution ☐ Other findings, specify _____
☐ Chest CT	☐ Normal ☐ Pending ☐ Multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution ☐ Other findings, specify _____
☐ Lung ultrasound	☐ Normal ☐ Pending ☐ Thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms. ☐ Other findings, specify _____

☐ None

13. Laboratory Information

Test Done* (Check all that apply)	Date Collected*	Laboratory	Results*	Date Released
☐ RT-PCR (OPS)			☐ Pending ☐ Positive ☐ Negative ☐ Equivocal	
☐ RT-PCR (NPS)			☐ Pending ☐ Positive ☐ Negative ☐ Equivocal	
☐ RT-PCR (OPS and NPS)			☐ Pending ☐ Positive ☐ Negative ☐ Equivocal	
☐ RT-PCR (specimen type _____)			☐ Pending ☐ Positive ☐ Negative ☐ Equivocal	
☐ Antigen Test			☐ Pending ☐ Positive ☐ Negative ☐ Equivocal	
☐ Antibody Test			☐ IgM (+) IgG (-) ☐ IgG (+) IgM (-) ☐ IgM (+) IgG (+) ☐ IgM (-) IgG (-)	
☐ Others _____			Specify Result:	

Have you ever tested positive using RT-PCR before? ☐ Yes, Date of Specimen Collection (MM/DD/YYYY)* _____ ☐ No

If Yes, Laboratory _____ Number of previous RT-PCR swabs done _____

14. Outcome/Condition at Time of Report*

☐ Active (Currently admitted or in isolation/quarantine) ☐ Recovered, Date of Recovery (MM/DD/YYYY)* _____

☐ Died, Date of Death (MM/DD/YYYY)* _____

Cause of Death* Immediate Cause _____

Antecedent Cause _____ Underlying Cause _____

Part 3: Contact Tracing					
15. Exposure History					
History of exposure to known probable and/or confirmed COVID-19 case 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection?*			☐ Yes, Date of LAST Contact (MM/DD/YYYY)*_____ ☐ No ☐ Unknown		
Have you been in a place with a known COVID-19 community transmission 14 days before the onset of signs and symptoms? OR If Asymptomatic, 14 days before swabbing or specimen collection?*			☐ Yes ☐ No ☐ Unknown exposure		
If Yes, specify place (Check all that apply, provide details such as name of establishment, transport service, venue, location etc. and date of visit in MM/DD/YYYY)					
Place Visited	Details	Date of Visit	Place Visited	Details	Date of Visit
☐ Health Facility			☐ Transportation		
☐ Closed Settings (e.g. Jail)			☐ Workplace		
☐ Market			☐ Local Travel		
☐ Home			☐ Social Gathering		
☐ International Travel			☐ Others		
☐ School					
16. Travel History					
History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of signs and symptoms			☐ Yes, Country of exit _____ ☐ No		
Airline/Sea vessel	Flight/Vessel Number		Date of Departure (MM/DD/YYYY)	Date of Arrival in PH (MM/DD/YYYY)	
History of travel/visit/work in other local place with a known COVID-19 transmission 14 days before the onset of signs and symptoms			☐ Yes, Place of origin_____ ☐ No		
Airline/Sea vessel/Bus line/Train	Flight/Vessel Number/ Bus No.		Date of Departure (MM/DD/YYYY)	Date of Arrival in the Current City/Mun (MM/DD/YYYY)	
List the names of persons who were with you two days prior to onset of illness until this date and their contact numbers. *If asymptomatic, list the names of persons who were with you on the day you submitted specimen for testing until this date and their contact numbers. (*Use additional space below if needed).*			Name	Contact No.	

For Additional Close Contact (Include ALL Household Contacts)

Name	Contact Number	Exposure Setting (ex. Household, Work)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Appendix 1. Testing Category/Subgroup

- **Sub-group A:** Individuals with severe/critical symptoms and relevant history of travel and/or contact
- **Sub-group B:** Individuals with mild symptoms and relevant history of travel and/or contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19
- **Sub-group C:** Individuals with mild symptoms, and relevant history of travel and/or contact
- **Subgroup D:** Individuals with no symptoms but with relevant history of travel and/or contact or high risk of exposure. These include:
    - Subgroup D1: Contact-traced individuals
    - Sub-group D2: Healthcare workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system.
    - Subgroup D3: Returning Overseas Filipino Workers, who shall immediately be tested at the port of entry
    - Subgroup D4: Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to the existing protocols of the IATF.
- **Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:

- Sub-group E1: Those with high or direct exposure to COVID-19 regardless of location may be tested up to once a week. These include the following:
    1. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU and Nationally-managed);
    2. Personnel serving at the COVID-19 swabbing center;
    3. Contact tracing personnel; and
    4. Any personnel conducting swabbing for COVID-19 testing.
- Sub-group E2: Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested up to every two to four weeks. These include the following:
    1. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
    2. National/Regional/Local Risk Reduction and Management Teams;
    3. Officials from any local government/city/municipality health office (CEDSU, CESU, etc.)
    4. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;
    5. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
    6. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
    7. Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and
    8. Social workers providing amelioration and relief assistance to communities and performing COVID-19-related tasks.

- **Sub-group F:** Other vulnerable patients and those living in confined spaces. These include, but are not limited to:
    - Pregnant patients who shall be tested during the peripartum period;
    - Dialysis patients;
    - Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system;
    - Patients undergoing chemotherapy or radiotherapy;
    - Patients who will undergo elective surgical procedures with high risk for transmission;
    - Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months;
    - Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.
- **Subgroup G:** Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s.2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.
- **Subgroup H:** Frontliners in Tourist Zones:
    - Sub-group H1: All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks.
    - Sub-group H2: All travelers, whether of domestic or foreign origin, may be tested at least once, at their own expense, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.
- **Subgroup group I:** All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested regularly.
- **Subgroup J:** Economy Workers
    - Sub-group J1: Frontline and Economic Priority Workers, defined as those (1) who work in high priority sectors, both public and private, (2) have high interaction with and exposure to the public, and (3) who live or work in Special Concern Areas, may be tested every three months. These workers include, but are not limited to:
        1. Transport and Logistics
            - Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses, Public Transport Vehicles
            - Conductors
            - Pilots, Flight Attendants, Flight Engineers
            - Rail operators, mechanics, servicemen
            - Delivery staff
            - Water transport workers - ferries, inter island shipping, ports
        2. Food Retail
            - Waiters, Waitresses, Bar Attendants, Baristas
            - Chefs and Cooks
            - Restaurant Managers and Supervisors
        3. Education - once face to face classes resume
            - Teachers at all levels of education
            - Other school frontliners such as guidance counselors, librarians, cashiers
        4. Financial Services
            - Bank tellers
        5. Non-Food Retail
            - Cashiers
            - Stock clerks
            - Rerail salespersons
        6. Services
            - Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
            - Embalmers, Morticians, Undertakers, Funeral Directors
            - Parking Lot Attendants
            - Security Guards
            - Messengers

- Ushers, Lobby Attendants, Receptionist
- Clergy

7. Market Vendors
8. Construction
    - Carpenters
    - Stonemasons
    - Electricians
    - Painters
    - Construction workers, including Foremen, Supervisors
    - Civil Engineers, Structural Engineers, Construction Managers
    - Crane and Tower operators
    - Elevator installer and repairers
9. Water Supply, Sewerage, Waste Management
    - Plumbers
    - Recycling and Reclamation worker/ Garbage Collectors
    - Water/Wastewater engineers
    - Janitors and cleaners
10. Public Sector
    - Judges
    - Courtroom clerks, staff, and security
    - All national and local government employees rendering frontline services in Special Concern Areas
11. Mass media - Field reporters, photographers, and cameramen

Appendix 2. COVID-19 Case Definitions

I. Suspect COVID-19 case (two suspect case definitions A or B):

A. A person who meets the clinical **AND** epidemiological criteria:

Clinical criteria:

1. Acute onset of fever AND cough;

OR

2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue[1], headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status.

AND

Epidemiological criteria:

1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset;
   OR
2. Residing in or travel to an area with community transmission[2] anytime within the 14 days prior to symptom onset;
   OR
3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.

B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and who requires hospitalization).

II. Probable COVID-19 case:

A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.

B. A suspect case (described above) with chest imaging showing findings suggestive of COVID-19 disease*

* Typical chest imaging findings suggestive of COVID-19 include the following (Manna 2020):

- chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.

D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.

III. Confirmed COVID-19 case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

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[1] Signs separated with slash (/) are to be counted as one sign.

[2] Community transmission: Countries /territories/areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains, large numbers of cases from sentinel lab surveillance or increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories), multiple unrelated clusters in several areas of the country/territory/area.

Safeguard DNA Diagnostics, Inc.
Unit 103-106 G Business Hub Building, 728 Shaw Boulevard, Mandaluyong City
Telephone: (02) 296-7595
Laboratory Director: Rodelio D. Lim, M.D.F.P.S.P

LABORATORY REQUEST FORM
SARS-CoV-2 PCR Test for COVID-19

Specimen Collection Barcode:	Date (MMM-DD-YYYY):	SDDI Accession Number:

Requesting Institution Information

Name of Individual, Hospital or Corporation:	Email Address:	
	Contact Person:	Contact Number:

Requesting Physician Information

Name:			Contact Number:	Date & Time Requested:
(First Name)	*(Last Name)*	*(Suffix)*		

Patient Information:

	Suspect Case			Recent Travel to Affected Area	
	Probable Case			Contact with Confirmed Case	
Name: ✓	✓	✓	**Sex:** ✓	**Date of Birth:** ✓	**Age:** ✓
(First Name)	*(Middle Name)*	*(Last Name)*		*(MMM-DD-YYYY)*	

Address: ✓	Telephone: ✓	Date of Symptom Onset: ✓

Payment:

	Patient pay (Cash)		Hospital pay		Corporate pay
	Patient pay (Credit Card)		Insurance pay		Others

Note:	

Specimen Details

Specimen:	Date & Time of Collection:	Collected by:	Received by SDDI:
____Nasal Swab ____Oropharyngeal Swab			
		(Signature over Printed Name)	*(Date, time and Initials)*

COMMENTS

All Specimens collected should be regarded as potentially infectious and you must contact the laboratory before sending samples.
All Samples must be sent in accordance with Category B transport requirements.

Test Result Turn-around time: ◯ 3-5 working days ◯ 48 hours ◯ _____Others

Turnaround time starts from the time of receipt to SDDI Facility, to the time of release of results

SAFEGUARD
DNA DIAGNOSTICS INC.

WAIVER OF CONFIDENTIALITY AND
RELEASE OF MEDICAL INFORMATION

I, the undersigned, hereby authorize Safeguard DNA Diagnostics and/or its authorized agent, employee, or representative, to release the result of my COVID-19 Laboratory test and other medical information that may be obtained relative to the performed test, and other medical record contained in my Laboratory Request Form and Case Investigation Form to_____, the Department of Health, and other government agencies/authorities, pursuant to the governing laws and rules enforced in the Philippines.

I understand and acknowledge that the foregoing laboratory result and medical information may contain information regarding psychiatric disorders, other infectious and/or autoimmune virus/disease, drug, alcohol, and/or other substance dependence or abuse. I also understand that upon release of the information to the person designated in this Waiver, the Safeguard DNA Diagnostic shall no longer be liable to me for any use or misuse committed by other persons after its release.

(_____)
Signature of Patient or Representative*

*If the signatory is not the patient, a copy of a special power of attorney must accompany this Waiver when presented, except for parents, legal guardians of patients that are minors or incapacitated persons.