

CHECKLIST FOR COVID-19 SUSPICION

Patient name/age/sex:

Date:

UHID/Adhaar/mobile:

History/Investigations ¹⁻²	Tick if present
Fever in last 2 weeks	
Sore throat or cough in last 2 weeks	
Runny nose or recurrent sneezing in last 2 weeks	
Difficulty breathing	
Pneumonia on CXR	
Severe acute respiratory illness	
Loss of smell	
Loss of taste	
Diarrhea	
Anorexia/fatigue/myalgias	
Conjunctivitis	
Acute confusion	
Any family member or close contact with above symptoms	
History of travel abroad since March 1st - Personal	
History of travel abroad since March 1st – Family member	
History of travel abroad since March 1st – Close contact	
Patient Residence in community hot spots (check the hotspot list from Govt website each time)	

Doctor Name _____

References

- 1) Abraham OC. Initial evaluation of a severe acute respiratory illness (SARI) case: syndromic approach. In: CMC- Handbook for clinical management of COVID19. Vellore: Christian Medical College, Vellore; 2020.p. 25-27.
- 2) Carey RB. History and Examination Template. In: CMC- Handbook for clinical management of COVID19. Vellore: Christian Medical College, Vellore; 2020.p. 15-18.