

Epidemiological Investigation Form for Coronavirus disease 2019 (COVID-19) (Ver. 6)

Investigator	Organization		Phone		Route (Organization)	(e.g., 1339, Public health center, Medical facility)
	Name		Date of investigation	__yy__mm__dd__hh		

1. Personal information

1.1 Name		1.2 Resident registration number	-	1.3 Sex	<input type="radio"/> Male <input type="radio"/> Female	
1.4 Nationality	<input type="radio"/> Korea <input type="radio"/> Foreign ()	1.5 Home address				
1.6 Phone no. (Guardian)	- -	1.7 Occupation (Company name, School name)				

2. Travel history to the affected area (Mark or fill in where applicable)

2.1 Visit to affected area	<input type="radio"/> Yes <input type="radio"/> No				
2.2 Date of departure	(yy)	(mm)	(dd)	(hh)	
2.3 Area and period of visit in the last 14 days	Country:	City:	Period:	(yy/mm/dd) ~	(yy/mm/dd)
	Country:	City:	Period:	(yy/mm/dd) ~	(yy/mm/dd)
	Country:	City:	Period:	(yy/mm/dd) ~	(yy/mm/dd)
2.4 Transit of entry	<input type="radio"/> Yes <input type="radio"/> No				
2.4.1 Place	Country:	City:	Period:	(yy/mm/dd) ~	(yy/mm/dd)
	Access outside the airport at stopover: <input type="radio"/> Yes (Purpose:) <input type="radio"/> No Length of stay outside airport:)				
2.5 Purpose of visit	<input type="radio"/> Travel <input type="radio"/> Business trip <input type="radio"/> Occupation overseas <input type="radio"/> Other ()				
2.6 Companion	<input type="radio"/> Alone (1 person) <input type="radio"/> Traveling with 2 or more people (family, business, etc.) (No. of companion:)				
2.7 Risk factors (Within 14 days from the date of onset)	<input type="checkbox"/> In mainland China	<input type="checkbox"/> Visited a market		Date of visit: (yy/mm/dd) , Place:)	
		<input type="checkbox"/> Contacted poultry (chicken, duck, etc.) or consumed/contacted wild animals		Date of contact: (yy/mm/dd) , Place:)	
	<input type="checkbox"/> Other than mainland China	<input type="checkbox"/> Contact with someone with acute respiratory symptoms (fever, cough, pneumonia, etc.)		Date of contact: (yy/mm/dd)	
		<input type="checkbox"/> Visited local medical institution		Date of contact: (yy/mm/dd), Reason for visit:)	
		<input type="checkbox"/> Not applicable			
<input type="radio"/> Contact with diagnosed patient in Korea or abroad (Date and place of contact: ,) <input type="radio"/> N/A					
2.7 Date of entry	(yy)	(mm)	(dd)	(hh)	Flight no. ()

3. Clinical symptoms (Mark or fill in where applicable)

3.1 Initial symptoms	<input type="checkbox"/> Fever (°C) <input type="checkbox"/> Cough <input type="checkbox"/> Phlegm <input type="checkbox"/> Chill <input type="checkbox"/> Muscle ache <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Other ()				
3.1.1 Date	(yy)	(mm)	(dd)	(hh)	
3.1.2 Place	<input type="radio"/> Before entry (Place:) <input type="radio"/> On the plane <input type="radio"/> After entry (Place:) <input type="radio"/> Other ()				
3.1.3 Confirmed by	<input type="radio"/> Self <input type="radio"/> Physician <input type="radio"/> Public health center staff <input type="radio"/> Quarantine staff <input type="radio"/> Other () Name of organization () Date of confirmation ()				
3.2 Current symptoms	<input type="checkbox"/> Fever (°C) <input type="checkbox"/> Cough <input type="checkbox"/> Phlegm <input type="checkbox"/> Chill <input type="checkbox"/> Muscle ache <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Other ()				
3.3 Use of antipyretics	<input type="radio"/> Yes (Date of administration: (mm) (dd) (hh)) <input type="radio"/> No				
3.4 Underlying disease	<input type="radio"/> Yes (Disease:) <input type="radio"/> No	3.5 Smoking	<input type="radio"/> Yes <input type="radio"/> No	3.6 Pregnancy	<input type="radio"/> Yes <input type="radio"/> No
3.6 Diagnosis by medical institution	<input type="checkbox"/> Pneumonia <input type="checkbox"/> Acute respiratory distress syndrome <input type="checkbox"/> Other () <input type="checkbox"/> Chest X-ray: <input type="radio"/> Yes (Opinion:) <input type="radio"/> No				

4. Other (Mark or fill in where applicable)

Verification	4.1. Indicated symptoms on health questionnaire at entry	<input type="radio"/> Yes () <input type="radio"/> No	4.4 Contact	Family (persons)
	4.2 Verified travel history on (medical institution) DUR /Beneficiary inquiry system	<input type="radio"/> Yes <input type="radio"/> No		Medical staff (persons)
	4.3 Received a text message about reporting 1339 after entry	<input type="radio"/> Yes <input type="radio"/> No		Work (persons)
				Other (persons)
				* Determine the scope and list of contacts consulting with the municipal and provincial government to prepare and keep a final list (Form 4)

To be filled by Municipal Epidemiological Investigation Team

Case classification	Epidemiological relevance	<input type="radio"/> Suspected case <input type="radio"/> Case 'not applicable'	
		<input type="radio"/> Visit to mainland China () <input type="radio"/> Contact with confirmed patient <input type="radio"/> Visit to areas other than mainland China ()	Clinical symptoms <input type="radio"/> Pneumonia <input type="radio"/> Fever and Respiratory symptoms <input type="radio"/> Fever <input type="radio"/> Respiratory symptoms <input type="radio"/> Others ()
Action by public health center (multiple choices available)	<input type="radio"/> Transfer to National designated Hospital, etc. () <input type="radio"/> Self-quarantine <input type="radio"/> Health education		
Investigator in charge	Date of case classification		(yy) (mm) (dd) (hh)