



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 1, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0436

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; ALL DISEASE REPORTING UNITS; ALL LOCAL GOVERNMENT UNITS; ALL HOSPITAL FACILITIES; ALL LICENSED COVID-19 TESTING LABORATORIES; AND OTHERS CONCERNED

SUBJECT: Minimum Data Requirements of COVID-19-Related Information Systems

I. BACKGROUND

The Department of Health continuously recalibrates its strategies to mitigate the effects of COVID-19 pandemic. Among its top priority is to further strengthen COVID-19 surveillance. The current COVID-19 endemic has highlighted the need for timely, accurate, and relevant surveillance and epidemiologic information on COVID-19 cases and their close contacts in the country. Such must be underscored in all levels from the disease reporting units (DRUs) or hospitals, local epidemiology and surveillance units (LESUs), regional epidemiology and surveillance units (RESUs) and the Epidemiology Bureau.

To facilitate the submission of important COVID-19 information, and to ensure the interoperability of existing COVID-19-related information systems, the following shall serve as the minimum data fields for the COVID-19 Case Investigation Form (CIF) and COVID-19 information systems.

II. GENERAL GUIDELINES

1. All COVID-19 related information systems shall include the specified minimum data requirements.
2. The revised Case Investigation Form (CIF) shall contain the specified minimum data requirements.
3. Disease reporting units shall complete these data when filling out the Case Investigation Form (CIF) in accordance with Department Circular No. 2020-0318 entitled "Mandatory Submission of Accurate, Complete, and Timely COVID-19 Case Data"

through the COVID Document Repository System (CDRS) and Laboratory Information System API.”

III. SPECIFIC GUIDELINES

1. Table 1 shows the minimum required data fields and their corresponding data type, description (in relation to the information system), format, and description.
2. 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.
3. Disease Reporting Units are only allowed to obtain 1 copy of accomplished CIF from a patient.
4. All items must be filled out or must have a check mark on the appropriate box. Items with asterisks (*) are required fields and must be filled in completely and properly. Never leave an item blank, just write N/A or not applicable.
5. The Guidelines in Filling Out The Case Investigation Form Version 7 for COVID-19 shall be read prior to accomplishing the revised CIF.

Table 1. Minimum Required Data Fields for COVID-19-related Information System

| Field Name | Data Type | Description | Format | Description |
|---------------------------------------------------------------------------|-------------|--------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| I. Patient Information | | | | |
| Disease Reporting Unit | String | Reporting Health Facility | National Health Facility Registry Format | The name of the facility (i.e. hospital, laboratory, health center, etc.) that is reporting the case. |
| PhilHealth no. | Integer(12) | PhilHealth Number | xxxx-xxxx-xxxx | A 12 digit number, as reflected in the PhilHealth Number Card/Identification Card/Member Data Record (MDR). |
| Date of Interview | Date | Date of Interview | mm/dd/yyyy | When the interview with the case was conducted. |
| Full name 1. Last Name 2. First Name (and Suffix) 3. Middle Name | String | 1. Last Name 2. First Name (and Suffix) 3. Middle Name | | The name of the case being interviewed as it appears in their birth certificate. |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birthday | Date | Date of Birth | mm/dd/yyyy | The birth date of the case as it appears in their birth certificate. |
| Age | Integer(3) | Age | | The age in years of the case in whole number. |
| Sex | String (Checkbox) | Sex | (Male, Female) | The sex of the case as it appears in their birth certificate. |
| Current Address in the Philippines and Contact Information 1. House No./ Lot/ Bldg/ 2. Street/Purok/ Sitio 3. Barangay 4. Municipality/ City 5. Province | String | 1. House No./ Lot / Building No. 2. Street/Purok/Sitio 3. Barangay 4. Municipality/ City 5. Province | PSGC Format | This refers to the present address of the case. For cases who live in closed settings such as prisons, residential facilities, retirement communities, care homes, camps etc., use the address of the institution where the case currently resides. |
| Home Phone No. | String | Telephone | (xx) xxxx-xxxx | The current telephone number (with area code) of the case at home. |
| Cellphone No. | String | Cellphone | xxxx-xxxxxxx | The cellphone number of the case or any cellphone number where he/she can be contacted immediately. |
| Email Address | String | Email Address | xxx@emailservice.com | The email address of the case which he/she uses most frequently. |
| Date of First Consult | Date | Date of First Consult | mm/dd/yyyy | When the case first had a COVID-19 related consultation with a health professional. |
| Date of Admission | Date | Date of Admission | mm/dd/yyyy | When the case was admitted in a hospital or isolation/quarantine facility. Indicate earliest date of admission if patient was |

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| | | | | admitted in multiple health facilities. |
| Disposition at Time of Report | String (Checkbox) Date | Disposition at Time of Report | <ul style="list-style-type: none"> ● Admitted in hospital (indicate hospital, date and time admitted) ● Admitted in isolation/quarantine facility (indicate facility, date and time admitted) ● In home isolation or quarantine (indicate date and time started) ● Discharged to home ● Discharged (Date of discharge mm/dd/yyyy) ● Others | Disposition of the patient at the time of report. |
| Health Status at Consult | String (Checkbox) | Patient's Health Status | <ul style="list-style-type: none"> ● Asymptomatic ● Mild ● Moderate ● Severe ● Critical | Health status of the patient at the time of the interview. |
| Classification | String (Checkbox) | Case classification at consult | <ul style="list-style-type: none"> ● Suspect ● Probable ● Confirmed ● Non-COVID-19 Case | The classification of the patient at the time of interview. |
| II. Case Investigation Details | | | | |

| | | | | |
|-----------------------------|------------------------------------|-----------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Care Worker | String (Checkbox) String | Health Care Worker | Yes, No Yes, name and location of health facility | Refers to medical, allied medical, and other necessary personnel regardless of the nature of employment assigned in hospitals, and health facilities who are directly catering to or exposed to persons who are classified as either suspect, probable or confirmed COVID-19 cases. |
| Returning Overseas Filipino | String (Checkbox) String | Returning Overseas Filipino | Yes, No Indicate Country of Origin | <p>A Returning Overseas Filipino is a Filipino citizen who is returning to the Philippines from abroad. There are two (2) categories:</p> <p>1. Overseas Filipino Workers (OFWs) - are overseas Filipinos whose primary reason for being outside the country or for leaving the country is due to a contract of employment in a foreign nation or a vessel flying another nation's flag.</p> <p>2. Non-Overseas Filipino Workers (Non-OFWs) - are overseas Filipinos whose primary reason for being outside the country is not due to a contract of employment in a foreign nation or a vessel flying another nation's flag.</p> |
| Foreign National Traveler | String (Checkbox) String | Foreign National Traveler | Yes, No Indicate Country of | A Foreign National Traveler is a person who is not a naturalized citizen of the country in which they are |

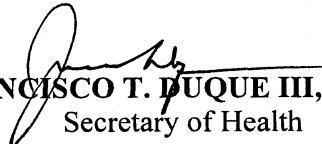
| | | | | |
|------------------------------------------------|------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Origin | living/traveling. |
| Locally Stranded Individual/ APOR/ Traveler | String (Checkbox) String | Locally Stranded Individual/ APOR/ Traveler | Yes, No Yes, indicate city/mun/prov of origin | A Locally Stranded Individual is a foreign national or Filipino citizen (e.g. construction and domestic workers, tourists, students, among others) in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin. APOR – Authorized Persons Outside Residence |
| Lives in Closed Settings | String (Checkbox) String | Lives in closed settings | Yes, No Yes, specify the type and the name of the institution | If the case currently resides in a closed setting such prisons, residential facilities, retirement communities, care homes, camps etc. |
| Date of Onset of Illness | Date | Date Onset of Illness | mm/dd/yyyy | The date when the signs (i.e. objective clinical finding as determined by a licensed physician) of illness first appeared and/or when the symptom/s (e.g. fever, cough, sore throat, dyspnoea etc.) were first felt. |
| Test Done | String (Checkbox) | Type of Test Done | <ul style="list-style-type: none"> ● RT-PCR (OPS) ● RT-PCR (NPS) ● RT-PCR (OPS and NPS) ● RT-PCR (specimen | Type of COVID-19 test done. |

| | | | | |
|---------------------------------------|-------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| | | | type) <ul style="list-style-type: none"> ● Antigen Test ● Antibody Test ● Others, specify | |
| Date Collected | Date | Date Specimen Collected | mm/dd/yyyy | The date when the specimen was collected for testing. |
| Results | String (Checkbox) | Results of Test Conducted | <ul style="list-style-type: none"> ● Pending ● Positive ● Negative ● Equivocal Antibody Test <ul style="list-style-type: none"> ● IgM (+) ● IgG (-) ● IgG (+) ● IgM (-) ● IgM (+) ● IgG (+) ● IgM (-) ● IgG (-) Other test, specify result | Results of the COVID-19 test conducted. |
| Outcome | String (Checkbox) Date | Outcome | <ul style="list-style-type: none"> ● Active ● Recovered, Date of Recovery (mm/dd/yyyy) ● Died, Date of Death (mm/dd/yyyy), Cause of Death (Immediate, Antecedent, Underlying) | Outcome of the COVID-19 suspect/probable/confirmed case. |
| III. Contact Tracing | | | | |
| History of exposure to known probable | String (Checkbox) | History of Exposure to known | Yes, No, Unknown | If the patient has history of exposure to known probable and/or |

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| 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 | Date | 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) | confirmed COVID-19 case 14 days before the onset of signs and symptoms or if asymptomatic, 14 days before swabbing or specimen collection. |
| Exposure to place with known COVID-19 community transmission 14 days before the onset of signs and symptoms or if asymptomatic, 14 days before swabbing or specimen collection | String (Checkbox) Date | History of Exposure to 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 Yes, specify place (Checkbox) and provide details such as name of establishment, transport service, venue, location etc. and date of visit in MM/DD/YYYY | If the patient has history of exposure to 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. |

Furthermore, the attached revised Case Investigation Form shall be used as the standard form for COVID-19 notifiable disease reporting. In addition, the guide to accomplishing the revised CIF shall be used to fill out the said form.

For strict compliance.


FRANCISCO T. DUQUE III, MD, MSc
 Secretary of Health



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.* | |
| 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 | <input type="checkbox"/> COVID-19 Case (Suspect, Probable, or Confirmed) <input type="checkbox"/> For RT-PCR Testing (Not a Case of Close Contact) | | <input type="checkbox"/> Close Contact <input type="checkbox"/> Others, please specify _____ | | |
| 1. Testing Category/Subgroup (Check all that apply) Refer to Appendix 1 | | | | | |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J | | | | | |
| Part 1. Patient Information | | | | | |
| 2. Patient Profile | | | | | |
| Last Name* | | First Name (and Suffix)* | | Middle Name* | |
| Birthday (MM/DD/YYYY)* | | Age* | | Sex* <input type="checkbox"/> Male <input type="checkbox"/> 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 | |
| Province | | Home Phone No. (& Area Code) | | Cellphone No. | |
| | | | | Municipality/City | |
| | | | | Email Address | |
| 4. Current Workplace Address and Contact Information | | | | | |
| Lot/Bldg. | | Street | | Barangay | |
| Province | | Name of Workplace | | Phone No./Cellphone No. | |
| | | | | Municipality/City | |
| | | | | Email Address | |
| 5. Consultation and Admission Information | | | | | |
| Did you have previous COVID-19 related consultation? | | <input type="checkbox"/> Yes, Date of First Consult(MM/DD/YYYY)* _____ | | <input type="checkbox"/> No | |
| Name of facility where first consult was done | | | | | |
| Was the case admitted in a health facility? | | <input type="checkbox"/> Yes, Date of Admission (MM/DD/YYYY)* <i>Indicate earliest date if</i> | | <input type="checkbox"/> No <i>admitted in multiple health facilities</i> _____ | |
| 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) | | | | | |
| <input type="checkbox"/> Admitted in hospital _____ | | Date and Time admitted in hospital _____ | | | |
| <input type="checkbox"/> Admitted in isolation/quarantine facility _____ | | Date and Time isolated/quarantined in facility _____ | | | |
| <input type="checkbox"/> In home isolation/quarantine | | Date and Time isolated/quarantined at home _____ | | | |
| <input type="checkbox"/> Discharged to home If Discharged: Date of Discharge (MM/DD/YYYY)* _____ | | <input type="checkbox"/> Others: _____ | | | |
| 7. Health Status at Consult* | | | | | |
| <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical | | | | | |
| 8. Case Classification* (Refer to Appendix 2) | | | | | |
| <input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Non-COVID-19 Case | | | | | |
| PART 2: Case Investigation Details | | | | | |
| 9. Special Population | | | | | |
| Health Care Worker* | | <input type="checkbox"/> Yes, Name & location of health facility _____ | | <input type="checkbox"/> No | |
| Returning Overseas Filipino* | | <input type="checkbox"/> Yes, Country of origin _____ | | <input type="checkbox"/> No | |
| Foreign National Traveler* | | <input type="checkbox"/> Yes, Country of origin _____ | | <input type="checkbox"/> No | |
| Locally Stranded Individual/APOR/Traveler* | | <input type="checkbox"/> Yes, City, Mun, & Prov of origin _____ | | <input type="checkbox"/> No | |
| Lives in Closed Settings* | | <input type="checkbox"/> Yes, specify Type of Institution (e.g. prisons, residential facilities, retirement communities, care homes, camps etc.) _____ and specify Name of Institution _____ | | <input type="checkbox"/> 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)* _____ | | Comorbidities (Check all that apply if present) | | |
| Signs and Symptoms (Check all that apply if present) | | <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Disease <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genito-urinary <input type="checkbox"/> Neurological Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Others _____ | | |
| <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever _____ °C <input type="checkbox"/> Cough <input type="checkbox"/> General weakness <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Myalgia <input type="checkbox"/> Sore throat <input type="checkbox"/> Coryza | | <input type="checkbox"/> Dyspnea <input type="checkbox"/> Anorexia <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Anosmia (loss of smell) <input type="checkbox"/> Ageusia (loss of taste) <input type="checkbox"/> Others _____ | | |
| | | Are you pregnant? | <input type="checkbox"/> Yes, LMP _____ <input type="checkbox"/> No | |
| | | High-risk pregnancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Were you diagnosed to have Severe Acute Respiratory Illness? (Refer to Appendix 2) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Chest imaging findings suggestive of COVID-19 | | | | |
| Imaging Done (Check all that apply) | Results | | | |
| <input type="checkbox"/> Chest radiography | <input type="checkbox"/> Normal <input type="checkbox"/> Pending | <input type="checkbox"/> Hazy opacities, often rounded in morphology, with peripheral and lower lung distribution <input type="checkbox"/> Other findings, specify _____ | | |
| <input type="checkbox"/> Chest CT | <input type="checkbox"/> Normal <input type="checkbox"/> Pending | <input type="checkbox"/> Multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution <input type="checkbox"/> Other findings, specify _____ | | |
| <input type="checkbox"/> Lung ultrasound | <input type="checkbox"/> Normal <input type="checkbox"/> Pending | <input type="checkbox"/> Thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms. <input type="checkbox"/> Other findings, specify _____ | | |
| <input type="checkbox"/> None | | | | |
| 13. Laboratory Information | | | | |
| Test Done* (Check all that apply) | Date Collected* | Laboratory | Results* | Date Released |
| <input type="checkbox"/> RT-PCR (OPS) | | | <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal | |
| <input type="checkbox"/> RT-PCR (NPS) | | | <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal | |
| <input type="checkbox"/> RT-PCR (OPS and NPS) | | | <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal | |
| <input type="checkbox"/> RT-PCR (specimen type _____) | | | <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal | |
| <input type="checkbox"/> Antigen Test | | | <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Equivocal | |
| <input type="checkbox"/> Antibody Test | | | <input type="checkbox"/> IgM (+) IgG (-) <input type="checkbox"/> IgM (+) IgG (+) <input type="checkbox"/> IgG (+) IgM (-) <input type="checkbox"/> IgM (-) IgG (-) | |
| <input type="checkbox"/> Others | | | Specify Result: _____ | |
| Have you ever tested positive using RT-PCR before? <input type="checkbox"/> Yes, Date of Specimen Collection (MM/DD/YYYY)* _____ <input type="checkbox"/> No | | If Yes, Laboratory _____ Number of previous RT-PCR swabs done _____ | | |
| 14. Outcome/Condition at Time of Report* | | | | |
| <input type="checkbox"/> Active (Currently admitted or in isolation/quarantine) | | <input type="checkbox"/> Recovered, Date of Recovery (MM/DD/YYYY)* _____ | | |
| <input type="checkbox"/> 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?* | | | <input type="checkbox"/> Yes, Date of LAST Contact (MM/DD/YYYY)* _____ <input type="checkbox"/> No <input type="checkbox"/> 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?* | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 |
| <input type="checkbox"/> Health Facility | | | <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Closed Settings (e.g. Jail) | | | <input type="checkbox"/> Workplace | | |
| <input type="checkbox"/> Market | | | <input type="checkbox"/> Local Travel | | |
| <input type="checkbox"/> Home | | | <input type="checkbox"/> Social Gathering | | |
| <input type="checkbox"/> International Travel | | | <input type="checkbox"/> Others | | |
| <input type="checkbox"/> 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 | | | <input type="checkbox"/> Yes, Country of exit _____ <input type="checkbox"/> 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 | | | <input type="checkbox"/> Yes, Place of origin _____ <input type="checkbox"/> 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
 - Subgroup 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
 - Retail 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/fatigue¹, 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 transmission² 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.

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.



Republic of the Philippines
Department of Health

Epidemiology Bureau

Guidelines in Filling Out The Case Investigation Form Version 7
for COVID-19



General Instructions

- 1) Please read this document side by side with the Case Investigation Form Version 7 prior to accomplishing the revised CIF.
- 2) Please be advised that Disease Reporting Units are only allowed to obtain **1 copy of accomplished CIF** from a patient.
- 3) 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.**
- 4) 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.**
- 5) All dates must be in **MM/DD/YYYY format.**

Specific Instructions

| Field Name | Instructions |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 1: Patient Information | |
| Disease Reporting Unit | <ul style="list-style-type: none"> • Write the name of the facility (i.e. hospital, laboratory, health center, etc.) that is reporting the case. Do not leave blank. • <i>Ex. San Lucas Hospital</i> |
| DRU Region and Province | <ul style="list-style-type: none"> • Write the name of the province and region where the Disease Reporting Unit is located. • <i>Ex. Pangasinan, Region I</i> |
| PhilHealth No. | <ul style="list-style-type: none"> • Write the member's PhilHealth Identification Number (PIN), a 12 digit number, as reflected in the PhilHealth Number Card/Identification Card/Member Data Record (MDR). • Write the PhilHealth Number if the case is the principal member. Do not leave blank. • If the case is a dependent of a principal member, write the PhilHealth no. of the principal member. Do not leave blank. • Write "N/A" if the case is not enrolled in PhilHealth or if the case is not a dependent of a principal member. |
| Name of Interviewer | <ul style="list-style-type: none"> • Write the name of interviewer from the Disease Reporting Unit. |
| Contact Number of Interviewer | <ul style="list-style-type: none"> • Write the contact number of interviewer from the Disease Reporting Unit. |
| Date of Interview | <ul style="list-style-type: none"> • Write when the interview with the case was conducted. Follow the mm/dd/yyyy format. Do not leave blank. |
| Name of Informant (If patient is unavailable) | <ul style="list-style-type: none"> • Write the name of the informant. An informant is a person who can provide answers to the interview if the patient is rendered incapacitated (e.g. patient is unconscious) or the patient cannot answer on his/her own such as in the case of pediatric cases. • Write his or her full name in this format: First name, Middle Name or at least Middle Initial, Surname. |
| Relationship | <ul style="list-style-type: none"> • Write the relationship of the informant to the patient. • <i>Ex. Father</i> |
| Contact Number of Informant | <ul style="list-style-type: none"> • Write the contact number of the informant. |

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| Type of Client | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if patient is considered a COVID-19 case (suspect, probable, confirmed), close contact, for RT-PCR testing (not a case of close contact), or others then specify. |
| 1. Testing Category/ Subgroup | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate testing category/subgroup where the patient belongs. Check all that apply. Refer to Appendix 1 for the testing subgroups. |
| 2. Patient Profile | |
| Last Name | <ul style="list-style-type: none"> Write the surname of the case being interviewed as it appears in their birth certificate. Do not leave blank. <i>Ex. Dela Cruz</i> |
| First Name (and Suffix) | <ul style="list-style-type: none"> Write the complete first name of the case being interviewed as it appears in their birth certificate. Do not leave blank. <i>Ex. Juan</i> If the case's full name has a suffix, write this after the first name following a comma. <i>Ex. Juan, III OR Emmanuel, Jr</i> |
| Middle Name | <ul style="list-style-type: none"> Write the middle name of the case being interviewed as it appears in their birth certificate. Do not leave blank. <i>Ex. Sipag</i> Write "N/A" for people without middle name on their birth certificate |
| Birthday | <ul style="list-style-type: none"> Write the birth date of the case as it appears in their birth certificate. Follow the mm/dd/yyyy format. Do not leave blank. <i>Ex. 01/31/1990 for a person who was born on the 31st day of January of 1990</i> |
| Age | <ul style="list-style-type: none"> Write the age in years of the case in whole number. Do not leave blank. |
| Sex | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate sex of the case as it appears in their birth certificate. Do not leave blank. |
| Civil Status | <ul style="list-style-type: none"> Write the civil status of the case. Civil status refers to the marital status of an individual. A case can either be "single", "married", "common law/ live in relationship", "widowed", or "separated" only. A single person refers to either one of the following only: 1. someone who has never been married, 2. a person whose marriage is annulled, or 3. someone whose marriage was found to have been void ab initio (i.e. not valid in law to start with). A married individual is a person who entered marriage, which is a social contract between two persons that is recognized by the state. An individual in a common law/ live in relationship is a person in a social contract with another individual but who has not entered into marriage. A widowed person is a previously married person whose husband/wife died. A separated individual is a person who is legally separated from his/her legal spouse. |
| Nationality | <ul style="list-style-type: none"> Write the nationality of the case. Nationality refers to a person's country of birth and/or the country where a person has a legal right to be a citizen. <i>Ex. Philippines</i> For individuals with multiple citizenship, write all that apply. <i>Ex. Philippines, USA</i> |
| Occupation | <ul style="list-style-type: none"> Write the occupation of the case. Occupation refers to the activity undertaken by the case to earn his livelihood. Write "N/A" if the case is currently unemployed. |

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| 3. Current Address in the Philippines and Contact Information | <ul style="list-style-type: none"> This refers to the present address and current contact information of the case. For cases who live in closed settings such as prisons, residential facilities, retirement communities, care homes, camps etc. , use the address of the institution where the case currently resides. |
| House No./Lot/Bldg. | <ul style="list-style-type: none"> Write the house number, lot name, and building name, where the case currently lives as applicable. Do not leave blank. |
| Street/Purok/Sitio | <ul style="list-style-type: none"> Write the name of the street/purok/sitio where the case currently lives. Do not leave blank. |
| Barangay | <ul style="list-style-type: none"> Write the name of the barangay where the case currently lives. Do not leave blank. |
| Municipality/City | <ul style="list-style-type: none"> Write the name of the municipality or city where the case currently lives. Do not leave blank. <i>Ex. Municipality – San Jose or City – Quezon City</i> |
| Province | <ul style="list-style-type: none"> Write the name of the province where the case currently lives. Do not leave blank. <i>Ex. Bataan</i> |
| Home Phone No. | <ul style="list-style-type: none"> Write the current telephone number of the case at home. Write the appropriate area code. Do not leave blank. Write “N/A” if the case does not have a telephone number. |
| Cellphone No. | <ul style="list-style-type: none"> Write the cellphone number of the case or any cellphone number where he/she can be contacted immediately. Do not leave blank. |
| Email Address | <ul style="list-style-type: none"> Write the email address of the case which he/she use most frequently. <i>Ex. juandelacruz@yahoo.com</i> Write “N/A” if the case does not have an email address. |
| 4. Current Workplace Address in the Philippines and Contact Information | <ul style="list-style-type: none"> This refers to the present workplace address and current contact information of the case. |
| Lot/Bldg. | <ul style="list-style-type: none"> Write the lot name and/or building name where the case currently works as applicable. |
| Street | <ul style="list-style-type: none"> Write the name of the street where the case currently works. |
| Barangay | <ul style="list-style-type: none"> Write the name of the barangay where the case currently works. |
| Municipality/City | <ul style="list-style-type: none"> Write the name of the municipality or city where the case currently works. <i>Ex. Municipality – San Jose or City – Quezon City</i> |
| Province | <ul style="list-style-type: none"> Write the name of the province where the case currently works. <i>Ex. Bataan</i> |
| Name of Workplace | <ul style="list-style-type: none"> Write the name of the company or organization where the case works. |
| Phone No./ Cellphone No. | <ul style="list-style-type: none"> Write the current phone number of the workplace. Write “N/A” if the workplace does not have a telephone number. Write the cellphone number of the workplace. |
| Email Address | <ul style="list-style-type: none"> Write the email address of the workplace. <i>Ex. juandelacruz@yahoo.com</i> Write “N/A” if the case does not have an email address. |
| 5. Consultation and Admission Information | |
| Did you have previous COVID-19 related consultation? | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case had previous COVID-19 related consultation with a health professional regarding his/her condition. |
| Date of First Consult | <ul style="list-style-type: none"> Write when the case first consulted a health professional. Follow the mm/dd/yyyy format. Do not leave blank. |

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| Name of facility where first consult was done | <ul style="list-style-type: none"> Write the name of the facility (i.e. hospital, laboratory, health center, etc.) where the case had his/her first consult. |
| Was the case admitted in a health facility? | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the patient was previously admitted in a health facility |
| Date of Admission | <ul style="list-style-type: none"> Write when the case was admitted in a hospital or isolation/quarantine facility. Follow the mm/dd/yyyy format. Do not leave blank. Indicate earliest date of admission if patient was admitted in multiple health facilities. |
| Name of Facility where patient was first admitted | <ul style="list-style-type: none"> Write the name of the first admitting facility (e.g. hospital, isolation/quarantine facility). <i>Ex. World Trade Center</i> |
| Region and Province of Facility | <ul style="list-style-type: none"> Write the region and province where the facility is located. |
| 6. Disposition at Time of Report | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate disposition of the patient if he/she is currently admitted in a hospital/isolation/quarantine facility, in home isolation/quarantine, discharged to home, or others. Do not leave blank. For cases who are admitted in a hospital/isolation/quarantine facility, write the name of the facility, the date and time of admission/isolation. Do not leave blank. For cases who have already been discharged from the hospital/isolation/quarantine facility, write the date of discharge. Follow the mm/dd/yyyy format. Do not leave blank. |
| 7. Health Status at Consult | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate health status of the patient at the time of the interview. Do not leave blank. Check "Asymptomatic" if the case does not present with signs or does not feel any symptoms until the time of interview. Check "Mild" for patients with mild symptoms and stable vital signs. Unless the patient belongs to high-risk subgroups or has comorbidities, they are often not admitted to a treatment facility. Check "Moderate" for patients with difficulty breathing, altered mental status, considered high-risk or in need of hospital care. Check "Severe" for COVID-19 disease confirmed cases classified as either severe pneumonia or critical pneumonia based on PhilHealth Circular 2020-009; or, probable or confirmed case of COVID-19, exhibiting severe (dyspnea, hypoxia, or > 50% lung involvement on imaging) or critical (respiratory failure, shock or multi-organ dysfunction) symptoms (DM 2020-0138: Adoption of PSMID Clinical Practice Guidelines on COVID-10) (MC 2020-0027) Check "Critical" for patients with impending or ongoing respiratory failure, in need of mechanical ventilation, or with evidence of end-organ damage. |
| 8. Case Classification | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate classification of the patient if he/she is a suspect, probable, confirmed COVID-19, or Non-COVID-19 case. Do not leave blank. Refer to Appendix 2 for the case definitions. |

Part 2: Case Investigation Details

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| 9. Special Population | |
| Health Care worker | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case is a health care worker. Do not leave blank. |

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| | <ul style="list-style-type: none"> • A Health Worker refers to medical, allied medical, and other necessary personnel regardless of the nature of employment assigned in hospitals, and health facilities who are directly catering to or exposed to persons who are classified as either suspect, probable or confirmed COVID-19 cases. • For cases who are health care workers, write the name and location of the health facility where they currently report for duty. |
| Returning Overseas Filipino | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the case is a Returning Overseas Filipino. Do not leave blank. • A Returning Overseas Filipino is a Filipino citizen who is returning to the Philippines from abroad. There are two (2) categories: <ol style="list-style-type: none"> 1. Overseas Filipino Workers (OFWs) - are overseas Filipinos whose primary reason for being outside the country or for leaving the country is due to a contract of employment in a foreign nation or a vessel flying another nation's flag 2. Non-Overseas Filipino Workers (Non-OFWs) - are overseas Filipinos whose primary reason for being outside the country is not due to a contract of employment in a foreign nation or a vessel flying another nation's flag • For cases who are Returning Overseas Filipino, write their country of origin. |
| Foreign National Traveler | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the case is Foreign National Traveler. Do not leave blank. • A Foreign National Traveler is a person who is not a naturalized citizen of the country in which they are living/traveling. • Do not leave blank. • For cases who are Foreign National Travelers, write their country of origin. |
| Locally Stranded Individual/APOR/Traveler | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the case is a locally stranded individual/APOR/Traveler. Do not leave blank. • A Locally Stranded Individual is a foreign nationals or Filipino citizens (e.g. construction and domestic workers, tourists, students, among others) in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (NTF Against COVID-19 Order No. 2020-02, 13 May 2020) • APOR – Authorized Persons Outside Residence. • For cases who are Locally Stranded Individuals/APOR/Traveler, write the city, municipality, and province of origin. |
| Lives in Closed Settings (e.g. prisons, residential facilities, retirement communities, care homes, camps etc) | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the case currently resides in a closed setting. Do not leave blank. • For cases who live in closed settings, write the type of institution. • <i>Ex. Prisons, residential facilities, retirement communities, care homes, camps etc.</i> • For cases who live in closed settings, write the name of the institution. • <i>Ex. Manila City Jail</i> |
| 10. Permanent Address and Contact Information (If different from current address) | |
| House No./Lot/Bldg. | <ul style="list-style-type: none"> • Write the house number, lot name, and building name, as applicable. |
| Street/Purok/Sitio | <ul style="list-style-type: none"> • Write the name of the street/purok/sitio. |
| Barangay | <ul style="list-style-type: none"> • Write the name of the barangay. |
| Municipality/City | <ul style="list-style-type: none"> • Write the name of the municipality/city. • <i>Ex. Municipality – San Jose/ City – Quezon City</i> |
| Province | <ul style="list-style-type: none"> • Write the name of the province. • <i>Ex. Bataan</i> |

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| Home Phone No. | <ul style="list-style-type: none"> Write the telephone number of the case at home if different from the number written in Part 1 #2: Current Address in the Philippines and Contact Information. Write the appropriate area code. Write "N/A" if the case does not have a telephone number. |
| Cellphone No. | <ul style="list-style-type: none"> Write the cellphone number of the case or any cellphone number where he/she can be contacted immediately if this is different from the number written in Part 1#2: Current Address in the Philippines and Contact Information. |
| Email Address | <ul style="list-style-type: none"> Write the email address of the case if this is different from the one written in Part 1#2: Current Address in the Philippines and Contact Information. |
| 11. Address Outside the Philippines and Contact Information (for Overseas Filipino Workers and Individuals with Residence outside the Philippines) | |
| House No./Lot/Bldg. | <ul style="list-style-type: none"> Write the house number, lot name, and building name, as applicable. |
| Street | <ul style="list-style-type: none"> Write the name of the street. |
| Municipality/City | <ul style="list-style-type: none"> Write the name of the municipality/city |
| Province | <ul style="list-style-type: none"> Write the name of the province |
| Country | <ul style="list-style-type: none"> Write the name of the country |
| Place of Work | <ul style="list-style-type: none"> Write the place where the case is employed outside the country Ex. Office, Factory, House, Health Facility etc. |
| Employer's Name | <ul style="list-style-type: none"> Write the complete name of the employer abroad . An employer may be a person, company or organization. If the employer is a person, write his or her full name in this format: First name, Middle Name or at least Middle Initial, Surname. Ex. <i>Robert C. Medina</i> If the employer is a company, write the registered name of the company. If the employer is an organization, write the registered name of the organization. |
| Employer's/ Office Contact No. | <ul style="list-style-type: none"> Write the employer's or office contact number abroad. |
| 12. Clinical Information | |
| Date of Onset of Illness | <ul style="list-style-type: none"> Write the date when the signs (i.e. objective clinical finding as determined by a licensed physician) of illness first appeared and/or when the symptom/s (e.g. fever, cough, general weakness, fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia, nausea, vomiting, diarrhea, altered mental status, anosmia or loss of smell, ageusia or loss of taste) were first felt. Follow the mm/dd/yyyy format. Do not leave blank. For cases who are asymptomatic until the time of interview, write "N/A". |
| Signs and Symptoms | <ul style="list-style-type: none"> Put a check mark ✓ on all signs and symptoms of the patient. If the patient does not have any signs or symptoms, check "Asymptomatic" For cases who had fever, write the temperature on the blank provided. For cases who had other symptoms not in the options, put a check mark ✓ on "Others" and write the specific symptom in the blank provided. |
| Comorbidities | <ul style="list-style-type: none"> Put a check mark ✓ on all comorbidities that the patient has. Comorbidities refer to other clinical condition that the patient has aside from COVID-19. This must be diagnosed by a health professional. For cases who have other comorbidities that do not fall in the options, put a check mark ✓ on "Others" and write the specific comorbidity in the blank provided. |
| Are you pregnant? | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the patient is pregnant. If the patient is pregnant, write the Last Menstrual Period (LMP). Put a check mark ✓ if the pregnancy was assessed to be high-risk. |

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| Were you diagnosed to have Severe Acute Respiratory Illness? | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the patient was diagnosed to have Severe Acute Respiratory Illness. • Severe Acute Respiratory Illness is an acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization. A SARI case should meet the Influenza Like Illness (ILI) case definition AND any one of the following: a). shortness of breath or difficulty breathing, b). severe pneumonia of unknown etiology, acute respiratory distress, or severe respiratory disease possibly due to novel respiratory pathogens (such as COVID-19) (AO 2020-0013). • Influenza Like Illness is a condition with sudden onset (within 3 days of presentation and fever should be measured at the time of presentation) of fever > or = 38C and cough or sore throat in the absence of other diagnoses (AO 2020-0013). |
| Chest imaging findings suggestive of COVID-19 | <ul style="list-style-type: none"> • Put a check mark ✓ on the type of chest imaging done if there is any. Check all that apply. • Put a check mark ✓ on the appropriate box if the chest imaging result is normal, pending, or if it shows findings suggestive of COVID-19 such as 1) Hazy opacities, often rounded in morphology, with peripheral and lower lung distribution in chest radiography; 2) Multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution in chest CT; and 3) Thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms in lung ultrasound. • Write other findings in the blank provided if applicable. |
| 13. Laboratory Information | |
| Test Done | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate test done (e.g. RT-PCR (OPS), RT-PCR (NPS), RT-PCR (OPS and NPS), RT-PCR (specify specimen type) Antigen test, Antibody test). Check all that apply. Do not leave blank. • For cases who had a test other than RT-PCR, antigen and antibody test, put a check mark ✓ on "Others" and write the test in the blank provided. |
| Date Collected | <ul style="list-style-type: none"> • For cases who had test done, write the date when the specimen was collected. Follow the mm/dd/yyyy format. Do not leave blank. |
| Laboratory | <ul style="list-style-type: none"> • For cases who had test done, write the DOH accredited laboratory that collected their specimen. |
| Results | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the patient's laboratory result is pending, positive, negative, or equivocal. Do not leave blank. • Put a check mark ✓ on the appropriate box if the patient's antibody result is IgM (+) and IgG (-) or IgG (+) and IgM (-), or IgM (+) and IgG (+), or IgM (-) and IgG (-). Do not leave blank. • For cases who had an antibody test but without specific results as specified in the form, check "Others" and write antibody test. For the results, write reactive or non-reactive. • For cases who had a test other than RT-PCR, antigen and antibody test, put a check mark ✓ on "Others" and write the result of the test. |
| Date Released | <ul style="list-style-type: none"> • For cases who had test done, write the date when the written laboratory results (i.e. hard copy of laboratory results) were released. Follow the mm/dd/yyyy format. |
| Have you ever tested positive using RT-PCR before? | <ul style="list-style-type: none"> • Put a check mark ✓ on the appropriate box if the patient had a previous positive RT-PCR result. |

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| | <ul style="list-style-type: none"> For cases who have tested positive in RT-PCR before, write the date when the specimen was collected. Follow the mm/dd/yyyy format. Write also the laboratory that processed the specimen. |
| Number of previous RT-PCR swabs done | <ul style="list-style-type: none"> Write how many RT-PCR tests were done previously. |
| 14. Outcome | <ul style="list-style-type: none"> If the patient is a suspect/ probable/confirmed COVID-19 case, put a check mark ✓ on the appropriate box if the patient is an active case of COVID-19, or if he/she already recovered or died. Do not leave blank. For cases who have already recovered, write the date of recovery in the blank provided. Follow the mm/dd/yyyy format. Do not leave blank. For cases who have already died, write the date when the case died as it appears in their death certificate. Follow the mm/dd/yyyy format. Write also the cause of death following this format: Immediate-Antecedent-Underlying cause. Do not leave blank. |

| Part 3: Contact Tracing | |
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| 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?* | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case has had previous 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. Do not leave blank. For cases with known history of exposure to a known probable and/or confirmed COVID-19 case, write the date of last contact. Follow the mm/dd/yyyy format. |
| 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?* | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case has 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. Do not leave blank. For cases with known history of exposure to a place with known COVID-19 community transmission, specify the place (e.g. international travel, social gathering) by checking the appropriate box. Check all that apply and provide details such as name of establishment, transport service, venue, location etc. and write the date of visit in MM/DD/YYYY format. |
| 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) | |
| 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 | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case travelled, visited, or worked in other countries with a known COVID-19 transmission 14 days before the onset of signs and symptoms. For cases with history of travel/visit/work in other countries with known COVID-19 transmission 14 days before the onset of signs and symptoms, write the country of exit. |
| Airline/Sea vessel | <ul style="list-style-type: none"> For cases with history of travel/visit/work in other countries with known COVID-19 transmission 14 days before the onset of signs and symptoms, write the airline/sea vessel and flight/vessel number. |
| Flight/Vessel Number | |
| Date of Departure | <ul style="list-style-type: none"> Write the date of departure. Date of departure refers to the exact date when the case left the country of origin. Follow the mm/dd/yyyy format. |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Arrival in PH | <ul style="list-style-type: none"> Write the date of arrival. Date of arrival refers to the exact date when the case arrived in the Philippines. Follow the mm/dd/yyyy format. |
| History of travel/visit/work in other local place with a known COVID-19 transmission 14 days before the onset of signs and symptoms | <ul style="list-style-type: none"> Put a check mark ✓ on the appropriate box if the case travelled, visited, or worked in other local place (within the country) with a known COVID-19 transmission 14 days before the onset of signs and symptoms. For cases with history of travel/visit/work in other local place with known COVID-19 transmission 14 days before the onset of signs and symptoms, write the place of origin. |
| Airline/Sea vessel/Bus line | <ul style="list-style-type: none"> For cases with history of travel/visit/work in other local place with known COVID-19 transmission 14 days before the onset of signs and symptoms, write the airline/sea vessel/bus line/train and flight/vessel/bus number. Write "N/A" if the case travelled via private vehicle. |
| Flight/Vessel Number/Bus No. | |
| Date of Departure | <ul style="list-style-type: none"> Write the date of departure. Date of departure refers to the exact date when the case left the local place of origin. Follow the mm/dd/yyyy format. |
| Date of Arrival in the Current City/Mun | <ul style="list-style-type: none"> Write the date of arrival in the current city or municipality. Date of arrival refers to the exact date when the case arrived in the local destination. Follow the mm/dd/yyyy format. |
| 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). | <ul style="list-style-type: none"> Write the names and contact numbers of the persons who were in contact with the patient two days prior to onset of illness until the date of interview. 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). Use the table entitled "For additional close contact" if needed. Write the name of ALL household contacts. |

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
 - Retail 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

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/fatigue¹, 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 transmission² 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 $\geq 38\text{ C}^\circ$; 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.

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.