



CORONA ALERT - COVID19

District Administration Peshawar

Profile of M IMRAN



Dated: 31-Dec-2020

Patient information

Section - 1: Demographic Data

EPIID #	
Patient's ID	COVID19/PAK/KP/1/287346
Name	M IMRAN
Father/Guardian/ Husband Name	M SHAFIQ
Date of Birth (dd/mm/yyyy)	
Gender (M/F)	Male
CNIC 13 digits with dashes	17301-8598998-3
Recent Home Address (House #, Village, UC, Tehsil, District)	UC KANKOLA PESHAWAR , Peshawar / Town II
Is he/she a health care worker (Y/N)	No
If yes, name of health care facility of the worker	
Date of registration of suspect (DD/MM/YYYY)	
Reporting type (Hospital, Lab, RRT, POE)	Tier-2 Team
Name of reporting institution/RRT	RRT Team II, Peshawar
Name of person reporting the case	
Designation of the person reporting the case	

Section - 2: Epidemiological Link

Is the patient symptomatic? (Y/N)	No
Date of onset of illness (DD/MM/YYYY)	29/08/2020
Does the patient have the following symptom (Y/N)	
1. Fever	No
2. Fatigue/myalgia	
3. Cough	No
4. Shortness of breath	No
Does the patient have the following underlying conditions and comorbidities (Y/N)	
1. Cardiovascular disease including hypertension	No
2. Chronic lung disease	No
3. Chronic neurological disease	No
4. Others (specify)	
Exposure Risk:	
A. Asymptomatic (in last 14 days) OR	
B. Symptomatic (14 days prior to onset of symptoms)	
Has this person come into contact with a positive case (Y/N)	
Details of positive case contact	
Name of contact	

Relationship with contact	
Has this person traveled abroad in the last 14 days (Y/N)	No
Name of country	
Is this person a Zaireen from Iran or Iraq (Y/N)	
Date of return to Pakistan (DD/MM/YYYY)	
Has this person traveled domestically in the last 14 days (Y/N)	No
Name of city	
Date of return to home city (DD/MM/YYYY)	
Has this person come into contact with someone from abroad in the last 2 weeks (Y/N)	
Has this suspected case been approved for testing (Y/N)	
If yes, name of laboratory to which sample has been sent to	
Where has this person been referred for quarantine (home, hospital, quarantine center)	
Name of quarantine institution	

Section - 3: Lab Testing Data

Date of collection of sample (DD/MM/YYYY)	29/08/2020
Date of sample sent (DD/MM/YYYY)	29/08/2020
Type of sample collected (nasal, oral, other)	Nasopharyngeal Swab
Is the sample post-mortem (Y/N)	
Lab Result (Positive, Negative, Inconclusive)	Negative
Date of receiving of result (DD/MM/YYYY)	30/08/2020
Repeat lab test (Y/N)	Yes
Date of repeat result received (DD/MM/YYYY)	29/12/2020
Repeat Lab Result (Positive, Negative, Inconclusive)	Positive
Current Status (Active, Cleared, Recovered, Expired)	Active

Section - 4: Isolation information *(only for positive patients)*

Has the test sample been sent (Y/N)	
Date of sample sent (DD/MM/YYYY)	
Name of lab sample sent to (Y/N)	
For confirmed cases: Is this person admitted in a isolation unit (Y/N)	
Location of isolation (Hospital, Separate Isolation Center, Home, Other)	
Name of hospital where isolated	
Is this person admitted in ICU (Y/N)	

Section - 5: Quarantine Information *(only for suspected case)*

Has the test sample been sent (Y/N)	
Date of sample sent (DD/MM/YYYY)	
Name of lab sample sent to (Y/N)	
Is this person quarantined (Y/N)	
Location of quarantine (Home, Quarantine Center)	