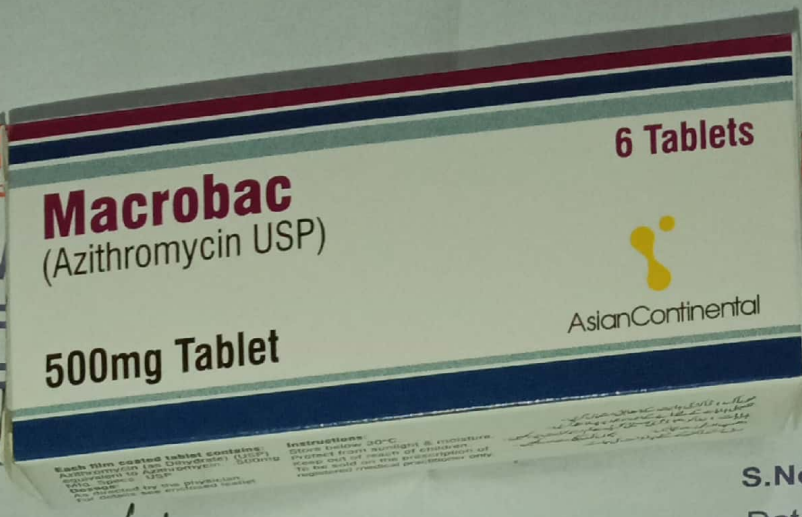




DR. JAVED



ڈاکٹر جاوید

ایم۔ بی۔ بی۔ ایس  
ایف۔ سی۔  
لیڈی ریڈنگ ہسپتال

Lady Reading Hospital

S.No: 261  
Date: 22/1/22

Patient's Name

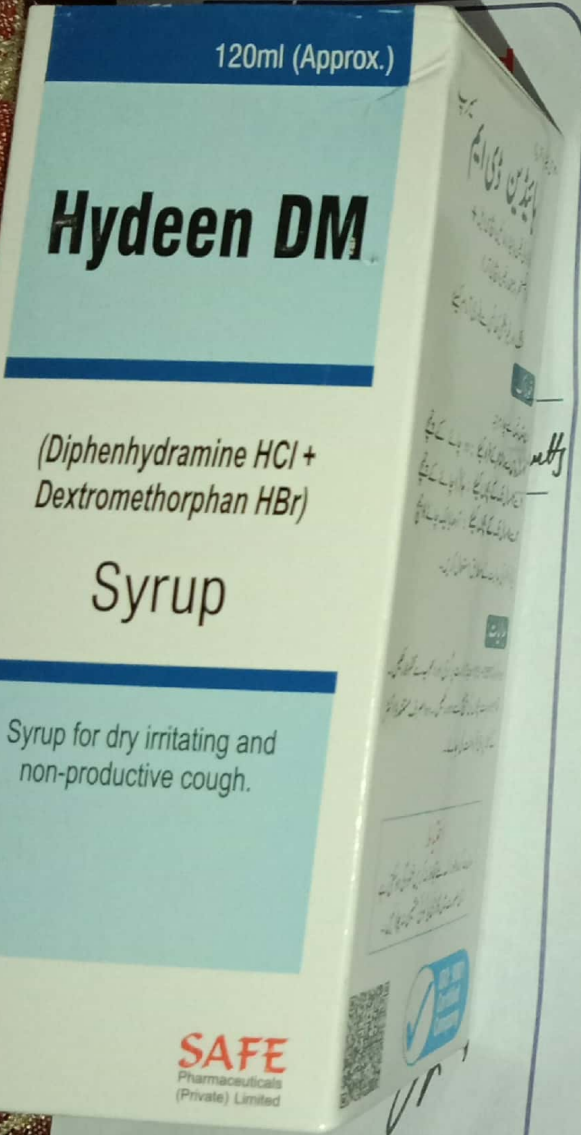
Ishaq

Age

Date

Rx

- 1 cup Panadol 66  
- 1 cup Dajgon 66  
in 1000 phade 66



Hydeen DM

(Diphenhydramine HCl + Dextromethorphan HBr)

Syrup

Syrup for dry irritating and non-productive cough.

SAFE Pharmaceuticals (Private) Limited

CNS



- 1 cup Talcu 212  
- 1 cup Dajgon 212  
- 1 cup Hyde DM 212  
Adv Bed rest for 5 days

دوبارہ معائنہ کیلئے۔۔۔۔۔ بعد تشریف لائیں آنے سے پہلے تکلیف سے بچنے کیلئے ان نمبر پر رابطہ کریں۔

0344-6102181  
0310-9489907  
0321-9027020

کلینک: المدنی میڈیکوز پتہ حاجی کیمپ حسین چوک سر بلند پورہ

DR. JAVED  
Lady Reading Hospital  
Peshawar



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**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 (From Quarantine Centre)	
Name of quarantine institution	
Start date of quarantine (DD/MM/YYYY)	
Duration of quarantine (# of days)	

**Section - 6: Daily Clinical Condition (only for cases admitted in quarantine or isolation)**

Has this person been shifted from isolation unit to an ICU (Y/N)	
If yes, why?	

Condition	# days of admission in isolation unit or quarantine center																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Stable																					
Improving																					
Worsening																					
Critical																					

**Responsibilities for form completion:**

Form	Form#	Responsibility	Frequency
Demographic	1	All	One-time
Epidemiological Link	2	Public hospital, Private hospital, Point of entry	One-time
Tests results	3	Private lab, Public lab	Continuous
Isolation information	4	Private hospital, public hospital	Weekly
Quarantine information	5	IRT2, DHD	Weekly
Daily clinical information	6	Private hospital, public hospital	Daily

✓ 3/3



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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 Zameen 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**

No of lab test	1
<b>First Lab Test Details</b>	
Date of collection of sample (DD/MM/YYYY)	25/01/2022
Date of sample sent (DD/MM/YYYY)	25/01/2022
Type of sample collected (nasal, oral, other)	Nasopharyngeal Swab For RAT
Is the sample post-mortem (Y/N)	
Lab Result (Positive, Negative, inconclusive)	Positive
Date of receiving of result (DD/MM/YYYY)	26/01/2022
Variant Type	Assted
<b>Repeat Lab Test Details (if any)</b>	
Repeat lab test (Y/N)	
Date of repeat result received (DD/MM/YYYY)	
Type of sample collected (nasal, oral, other)	
Repeat Lab Result (Positive, Negative, inconclusive)	
Repeat Variant	
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)	

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**CORONA ALERT - COVID19**  
 District Health, Peshawar  
 Profile of Muhammad Ishaq



Dated: 26-Jan-2022

**Patient information**

**Section - 1: Demographic Data**

EPID #	
Patient's ID	COVID19/PW/HP/1/0636824
Name	Muhammad Ishaq
Father/Guardian/ Husband Name	Muhammad Ashraf
Date of Birth (dd/mm/yy) / Age	37
Gender (M/F)	Male
CHC ID (align with dates)	17301-5082957-9
Recent Home Address (House #, Village, UC, Tehsil, District)	CD KHALSA 2 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, PGE)	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	
Patient Entry Date	2022-01-26 07:20:41

**Section - 2: Epidemiological Link**

is the patient symptomatic? (Y/N)	Yes
Date of onset of illness (DD/MM/YYYY)	23/01/2022
Does the patient have the following symptom (Y/N)	
1. Fever	Yes
2. Fatigue/myalgia	
3. Cough	Yes
4. Shortness of breath	
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	