CORONA ALERT – COVID19

District Health, Peshawar

Profile of Dawood khan

Dated: 02-Feb-2022

Patient information

Section – 1: Demographic Data

EPID #	
Patient's ID	COVID19/PAK/KP/1/3710989
Name	Dawood khan
Father/Guardian/ Husband Name	Taj muhammad
Date of Birth (dd/mm/yyy) / Age	39
Gender (M/F)	Male
CNIC 13 digits with dashes	17301-1376179-1
Recent Home Address (House #, Village, UC, Tehsil, District)	Rhc takhtabad , Peshawar / Shah Alam
Is he/she a health care worker (Y/N)	Yes
If yes, name of health care facility of the worker	
Date of registration of suspect (DD/MM/YYYY)	
Reporting type (Hospital, Lab, RRT, POE)	Hospital
Name of reporting institution/RRT	RHC Takht abad, Peshawar
Name of person reporting the case	
Designation of the person reporting the case	
Patient Entry Date	2022-02-02 10:18:47

Section – 2: Epidemiological Link

Is the patient symptomatic? (Y/N)	Yes
Date of onset of Illness (DD/MM/YYYY)	01/02/2022
Does the patient have the following symptom (Y/N)	
1. Fever	Yes
2. Fatigue/mylagia	
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	
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

No of lab test	1
First Lab Test Details	
Date of collection of sample (DD/MM/YYYY)	02/02/2022
Date of sample sent (DD/MM/YYYY)	02/02/2022
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)	02/02/2022
Variant Type	Omicron
Recent Lab Test Details (if any)	
Repeat lab test (Y/N)	
Date of repeat result received (DD/MM/YYY)	
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/YYY)	
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/YYY)	
Name of lab sample sent to (Y/N)	
Is this person quarantined (Y/N)	
Location of quarantine (Home, Quarantine Center)	
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?	

# days of admission in isolation unit or quarantine center																					
Condition	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
Epidemeological 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	RRT-2, DHO	Weekly
Daily clinical information	6	Private hospital, public hospital	Daily

Date: 2-2-2L   S.No: 20774

Name: M- Dawood   F/H.Name: Taj M. Kh

Age: 39Y Sex: M   OPD No:

Address: f.Hc Faisutabad

Diagnosis: covid post

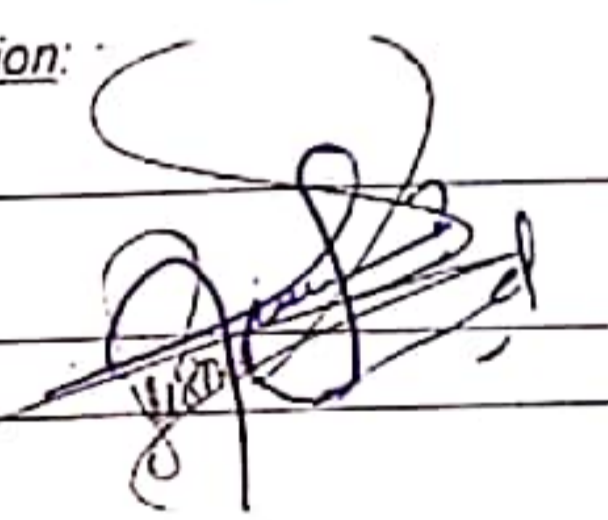| HISTORY	Rx
Cough	Tab Azithromax 500
Fever	Tab Panadol + H1
	Tab Pesh

MEDICAL OFFICER

CHIPTrainingandConsulting(Pvt)Ltd
LEAVE APPLICATION FORM-PTPP Project

SECTION 1: APPLICANT'S DETAILS

Employee,Name	Muhammad Dawood Khan
Designation	UCPO
CNIC No.	17301-1376179-1
District/UC	Peshawar.
Leave application date	2-Feb-2022

SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick in appropriate box)

		Hajj				Umrah/Ziarat
		Chillah, Tableegh, Ehtikaf				Christmas, Diwali
		Study/Exams				Maternity
		Family Wedding				Self-Wedding
		Immediate Family Death.				(Self-Sick Leave) Covid tve.
		ImmediateFamily-SickLeave				Accident/Sickness-while at work
		Accident/Sickness-while not at work				Emergency Leave
		Vacations				Others

Number of Days Leave Applied for. TEN

Leave start date: 3-Feb-2022   Leave end date 12-Feb-2022.

OIC Name and designation:

Employeesignature:	Date: 2nd Feb-2022
PEOendorsement:	Date:
PTLendorsement:	Date:
For more than Twoweeks	
CTC finalapproval:	Date:

CTCRemarks,ifany_____