Revised case report form for Confirmed Novel Coronavirus COVID-19  
(report to WHO within 48 hours of case identification)  
27 February 2020

Date of reporting to national health authority: [DD]/[MM]/[YY]

Reporting country: _____________________________

Why tested for COVID-19:  
☐ Contact of a case ☐ Ill Seeking Healthcare due to suspicion of COVID-19 ☐ Detected at point of entry ☐ Repatriation  
☐ Routine respiratory disease surveillance systems (e.g. influenza) ☐ Unknown  
If none of the above, please explain: __________________________________________

Section 1: Patient information

Unique Case Identifier (used in country): _____________________________

Age (years): [__] [__] [__] if < 1 year old, [__] [__] in months or if < 1 month, [__] [__] in days

Sex at birth: ☐ Male ☐ Female

Place where the case was diagnosed: Country: _____________________________  
Admin Level 1 (province): _____________________________

Case usual place of residency: Country: _____________________________

Section 2: Clinical Status

Date of first laboratory confirmation test: [DD]/[MM]/[YY]

Any symptoms* or signs at time of specimen collection that resulted in first laboratory confirmation?  
☐ No (i.e., asymptomatic) ☐ Yes ☐ Unknown

If yes, date of onset of symptoms: [DD]/[MM]/[YY]

Underlying conditions and comorbidity:  
Any underlying conditions? ☐ No ☐ Yes ☐ Unknown

If yes, please check all that apply:  
☐ Pregnancy (trimester: ____________) ☐ Post-partum (< 6 weeks)  
☐ Cardiovascular disease, including hypertension ☐ Immunodeficiency, including HIV  
☐ Diabetes ☐ Renal disease  
☐ Liver disease ☐ Chronic lung disease  
☐ Chronic neurological or neuromuscular disease ☐ Malignancy  
☐ Other(s), please specify: _____________________________
Health Status at time of reporting:

Admission to hospital: □ No □ Yes □ Unknown
First date of admission to hospital: [DD/MM/YYYY]

If yes
Did the case receive care in an intensive care unit (ICU)? □ No □ Yes □ Unknown
Did the case receive ventilation? □ No □ Yes □ Unknown
Did the case receive extracorporeal membrane oxygenation? □ No □ Yes □ Unknown

Is case in isolation with Infection Control Practice in place □ No □ Yes □ Unknown
Date of isolation: [DD/MM/YYYY]

Section 3: Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)

Is case a Health Care Worker (any job in a health care setting): □ No □ Yes □ Unknown

If yes, Country: __________________ City: ______________ Name of Facility: __________________________

Has the case travelled in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, please specify the places the patient travelled to and date of departure from the places:

<table>
<thead>
<tr>
<th>Country</th>
<th>City</th>
<th>Date of Departure from the place</th>
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<tbody>
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Has case visited any health care facility in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

Has case had contact with a confirmed case in the 14 days prior to symptom onset? □ No □ Yes □ Unknown

If yes, please list unique case identifiers of all probable or confirmed cases:

If yes, please explain contact setting: __________________________________________

<table>
<thead>
<tr>
<th>Contact ID</th>
<th>First Date of Contact</th>
<th>Last Date of Contact</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Date</td>
<td>Date</td>
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<td>2.</td>
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<tr>
<td>5</td>
<td>Date</td>
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</tbody>
</table>

Most likely country of exposure: __________________________________________
Date of re-submission of this report: [ _D_ ][ _D_ ]/[ _M_ ][ _M_ ]/[ _Y_ ][ _Y_ ][ _Y_ ][ _Y_ ]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs at any time prior to discharge or death:

- [ ] No (i.e., case remains asymptomatic)
- [ ] Yes, asymptomatic case (as previously reported) developed symptoms and/or signs of illness

*If yes, date of onset of symptoms/signs of illness:* [ _D_ ][ _D_ ]/[ _M_ ][ _M_ ]/[ _Y_ ][ _Y_ ][ _Y_ ][ _Y_ ]

- [ ] Unknown

**Clinical Course:**

Admission to hospital (may have been previously reported):

- [ ] No
- [ ] Yes
- [ ] Unknown

*If admitted to hospital:*

First date of admission to hospital: [ _D_ ][ _D_ ]/[ _M_ ][ _M_ ]/[ _Y_ ][ _Y_ ][ _Y_ ][ _Y_ ]

Did the case receive care in an intensive care unit (ICU)?

- [ ] No
- [ ] Yes
- [ ] Unknown

Did the case receive ventilation?

- [ ] No
- [ ] Yes
- [ ] Unknown

Did the case receive extracorporeal membrane oxygenation?

- [ ] No
- [ ] Yes
- [ ] Unknown

**Health Outcome:**

- [ ] Recovered/Healthy
- [ ] Not recovered
- [ ] Death
- [ ] Unknown

Other: If other, please explain: ______________________________________________________________

*Date of Release from isolation/hospital or Date of Death:* [ _D_ ][ _D_ ]/[ _M_ ][ _M_ ]/[ _Y_ ][ _Y_ ][ _Y_ ][ _Y_ ]

*If released from hospital/isolation, date of last laboratory test:*

[ _D_ ][ _D_ ]/[ _M_ ][ _M_ ]/[ _Y_ ][ _Y_ ][ _Y_ ][ _Y_ ]

Results of last test:

- [ ] positive
- [ ] negative
- [ ] Unknown

**Total number of contacts followed for this case:** [ _____ ]

- [ ] Unknown

The previous version of this document was published as *Interim case reporting form for 2019 Novel Coronavirus (2019-nCoV) of confirmed and probable cases: WHO minimum data set report form, 21 January 2020.*

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