

**Person under investigation (PUI) form for coronavirus disease 2019 (COVID-19):
Request for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing**

Internal use
Identifier: _____

CAN BE COMPLETED ONLINE AT: <https://cci.nicd.ac.za/>

Tel: (+27) 386 6392/ (+27) 386 6410 | Fax: (+27)11 882 9979 | Hotline: (+27)82 883 9920 | (+27)66 562 4021

Forward original forms with the specimen collected. Email completed specimen submission form and PUI form to ncov@nicd.ac.za

If not completed by client, form completed by:

First name: _____ Surname: _____ Contact number(s): _____

All suspected COVID-19 cases are Category 1 **notifiable medical conditions** under "Respiratory disease caused by a novel respiratory pathogen". Notify as per NMC procedures. If using NMC app provide case ID indicated on alert email.

Case ID : _____

Is this a: **New clinical query** **If contact of a known case, provide case details:** **Contact of a known case**

Case First name: _____ Case Surname: _____
Date of birth: DD/MM/YYYY _____

PATIENT DETAILS

DOCTOR'S DETAILS

Patient RSA ID / Passport number _____

First name: _____ Surname: _____

DOB: DD/MM/YYYY _____ Sex: Male Female

Residency: SA resident Non-SA resident Specify country: _____

Current residential address¹:
Unit Number _____
Street number and Street _____
District and Province _____

Race:
Asian/Indian
Black Colored
White Other

Patient's contact number(s): _____

Patient's email address: _____

Number of children (<18 years) in the household _____
Number of elderly (≥60 years) in the household _____
Employer name/school/facility _____

Occupation _____

First name: _____

Surname: _____

Facility name: _____

Contact number/s: _____

Email address: _____

NEXT OF KIN DETAILS

First name: _____

Surname: _____

Contact number(s): _____

Relationship to the patient: _____

CLINICAL PRESENTATION

Date of symptom onset: DD/MM/YYYY _____ None (asymptomatic) Y N Lab ref nr of sample _____

Fever (≥38°C) Y N Sore throat Y N Myalgia/body pains Y N

History of fever Y N Shortness of breath Y N General weakness Y N

Cough Y N Nausea/vomiting Y N Irritability/confusion Y N

Chills Y N Diarrhoea Y N Other Y N Specify _____

TRAVEL HISTORY

If patient traveled outside South Africa in the last 14-days, please complete section below for countries visited

Plane or bus?	Air/bus line	Flight/bus number	Seat number	Departure date	Departure country	Arrival date	Arrival country
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	
				DD/MM/YYYY		DD/MM/YYYY	

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma: Y N Unkn Cardiac disease: Y N Unkn Chronic kidney disease: Y N Unkn Chronic liver disease: Y N Unkn

Chronic neurological/neuromuscular disease: Y N Unkn COPD/Chronic pulmonary disease: Y N Unkn Diabetes: Y N Unkn Immuno-deficiency (excluding HIV): Y N Unkn

HIV: Y N Unkn Is the patient virally suppressed? Y N Unkn Recent viral load: _____ On ARVs: Y N Unkn

Obesity: Y N Unkn Pregnancy: Y N Unkn Trimester: _____ Tuberculosis: Y N Unkn

Other: Y N Unkn Specify: _____

MANAGEMENT

Has the patient been isolated at: Home Healthcare facility Not isolated Other Date of isolation: DD/MM/YYYY _____

COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation and every confirmed
Coronavirus disease 2019 (COVID-19) case. **Can also be captured online at: <https://cci.nicd.ac.za/>**

Details of contacts (With close contact¹ from two days prior to date of symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW ³ or school-going/teacher? (Y/N) If Yes, facility/school name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				

¹ Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle, Domestic helper, Gardener, Nanny. ³ Healthcare worker.

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW ³ or school-going/teacher? (Y/N) If Yes, facility/school name
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				
22						DD/MM/YYYY				
23						DD/MM/YYYY				
24						DD/MM/YYYY				
25						DD/MM/YYYY				
26						DD/MM/YYYY				

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