



## COVID-19 TESTING (NEW CASE) कोभिड-१९ परीक्षण (नयाँ जाँच)

S.No.

\*Note: If your COVID status is positive before, please fill COVID-19 Testing pink form.

\*नोट: पहिला जाँचगर्दा पोजेटिभ रिपोर्ट भएमा, कृपया कोभिड-१९ परीक्षणको गुलाबी फारम भर्नुहोला

पहिला जाँच नभएको अथवा नेगेटिभ रिपोर्ट आएको

### PATIENT INFORMATION

First Name:

Middle Name:

Last Name:

Age ..... Sex: Male  Female  Others  Blood Group: .....

Mobile number:

(SMS बाट रिपोर्ट यसै नम्बरमा जाने छ)

### PATIENT TRACING ADDRESS (PRESENT RESIDENCE)

At home:  Hospitalized:

District: ..... Municipality/Gaun Palika : .....

Ward No: ..... Tole:.....

### HISTORY OF PATIENT

Travel in last 14 days: Yes  No

If Yes, Domestic ..... (District) International ..... (Country)

Vaccine : Yes  No

If received, Name of the Vaccine : ..... Dose of Vaccine :

### REASON FOR TESTING

• Contact of confirmed case:  If had contact, number of days since quarantine :

• Symptomatic:  Others, please specify.....

### SENDER INFORMATION (for all collected sample)

Sent by (Office name): .....

Designation: .....

Focal person name : .....

Mobile No. : .....

Patient's Signature : .....