

# Appendix 4: Daily Clinical Update Form

## – Case Managed in a Household Setting

Case Last Name: \_\_\_\_\_ Case First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

(yy/mm/dd)

PHU representative: \_\_\_\_\_

Date	Symptoms (please indicate if present <input type="checkbox"/> absent <input checked="" type="checkbox"/> or resolved (R))								Complications		Specimens/Diagnostics			Treatment/Supportive Therapy		
	No Symptoms	Fever > 38	Cough	Shortness of Breath	Diarrhea	Runny nose	Malaise	Chest pain	Other	Pneumonia	Other (specify)	Nasopharyngeal swab	Chest xray	Other (specify)	Medication	Other (specify)