**RISE COVID-19 INFORMATION FORM**

**Name of Health facility**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Hospital no**\_\_\_\_\_\_\_\_\_\_\_\_ **Unique ID** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_\_\_\_ **Sex**\_\_\_\_\_ **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone no** \_\_\_\_\_\_\_\_\_\_

**COVID-19 Testing & Treatment Status**

Ever Tested for Covid-19 (Tick as applicable) Yes No

Result of Covid-19 Test (***if tested for Covid-19***) Positive Negative

Date of Covid-19 Test: \_\_\_\_\\_\_\_\_\\_\_\_\_\_\_\_\_

Covid-19 Treatment outcome: Dead Recovered/discharged

Date of documented Covid-19 case/treatment Outcome: \_\_\_\_\\_\_\_\_\_\\_\_\_\_\_\_\_\_\_\_

**Covid-19 Vaccination status and History**

Ever had Covid-19 Vaccine: Yes No

Vaccination History (If client has a previous covid-19 vaccine)

Vaccine 1 Type: Moderna Pfizer Oxford/Aztra Zeneca Johnson and Johnson Sputnik V

 Sinopharm Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Vaccination 1: \_\_\_\_\\_\_\_\\_\_\_\_\_\_\_

Any side effect: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vaccine 2 Type: Moderna Pfizer Oxford/Aztra Zeneca Johnson and Johnson Sputnik V

 Sinopharm Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Vaccination 2: \_\_\_\_\\_\_\_\\_\_\_\_\_\_\_

Any side effect: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vaccine 3 Type: Moderna Pfizer Oxford/Aztra Zeneca Johnson and Johnson Sputnik V

 Sinopharm Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Vaccination 3: \_\_\_\_\\_\_\_\\_\_\_\_\_\_\_

Any side effect: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**