Date of reporting to national health authority: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

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 □ Other

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

Case usual place of residency: Country: ____________________________

Vaccination status for SARS-CoV-2
Has the patient received a SARS-CoV-2 vaccine? □ No □ Yes □ Unknown

If Yes : Number of doses received : ____________

Product name of SARS-CoV-2 vaccine dose 1: ____________________________
Date of Vaccine Dose 1: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Product name of SARS-CoV-2 vaccine dose 2: ____________________________
Date of Vaccine Dose 2: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Product name of SARS-CoV-2 vaccine dose 3: ____________________________
Date of Vaccine Dose 3: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Product name of SARS-CoV-2 vaccine dose 4: ____________________________
Date of Vaccine Dose 4: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Source of information : □ Documented Evidence (Vaccine card/ Vaccine Passport) □ Recall

Section 2: Clinical Status

Reinfection : has the case been diagnosed with Covid-19 prior to this episode? □ No □ Yes □ Unknown

If Yes, date of sampling for confirmation of last episode (date of onset if unavailable): [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Screening for variant
Has the case been screened for a variant strain of SARS-CoV-2? □ No □ Yes □ Unknown

If Yes, what is the suspected or confirmed strain/lineage/clade : ____________________________

Laboratory confirmation : Date of laboratory confirmation test: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]

Any symptoms* or signs at time of specimen collection that resulted in first laboratory confirmation?
□ No (i.e., asymptomatic) □ Yes If yes, date of onset of symptoms: [D]/[D]/[M]/[Y]/[Y]/[Y]/[Y]/[Y]
□ Unknown

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: ____________________________

- 1 -
Health Status at time of reporting:

Admission to hospital: □ No □ Yes □ Unknown
First date of admission to hospital: [D] [D] [M] [M] [Y] [Y] [Y] [Y] [Y]

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: [D] [D] [M] [M] [Y] [Y] [Y] [Y] [Y]

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

Is case a Health 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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Contact ID</th>
<th>First Date of Contact</th>
<th>Last Date of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>2.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>3</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

Most likely country of exposure: ________________________________
Section 4: Outcome: complete and re-sent the full form as soon as outcome of disease is known or after 30 days after initial report.

Date of re-submission of this report: [DD/MM/YYYY]

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: [DD/MM/YYYY]
- Unknown

Clinical Course:

Admission to hospital (may have been previously reported): □ No □ Yes □ Unknown

If admitted to hospital:
First date of admission to hospital: [DD/MM/YYYY]

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: [DD/MM/YYYY]

If released from hospital/isolation, date of last laboratory test: [DD/MM/YYYY]

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 Revised case report form for confirmed novel coronavirus COVID-19 (report to WHO within 48 hours of case identification), 27 February 2020.

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