

排除新冠肺炎病史和检查记录 (编号: _____)

Medical History Form for COVID-19 testing & diagnosis

A 流行病学史 (History of Epidemiology)

1. 近两周是否自我隔离 (Did you self-quarantine in the last two weeks)? 是 (Yes) 否 (No)
2. 近两周是否与新冠病人或无症状者有接触
(Have you been in contact with COVID-19's patients or asymptomatic patients in last two weeks)? 是 (Yes) 否 (No)

B 近两周内是否有以下临床表现 (Did you have following symptoms in the past two weeks)

1. 发烧(Fever): 体温 (body temp) _____ (°C/ F) 是 (Yes) 否 (No)
2. 干咳/咳嗽(Dry cough) 是 (Yes) 否 (No)
3. 乏力(Feel exhausted) 是 (Yes) 否 (No)
4. 嗅觉或者味觉减退或丧失(loss of sense of smell or taste) 是 (Yes) 否 (No)
5. 咽痛, 咽干(Sore throat, dry throat) 是 (Yes) 否 (No)
6. 鼻塞, 流涕(Nasal congestion, runny nose) 是 (Yes) 否 (No)
7. 肌肉痛 (Any muscle pain) 是 (Yes) 否 (No)
8. 腹泻 (Diarrhea) 是 (Yes) 否 (No)
9. 气短, 胸闷 (Shortness of breath and chest tightness) 是 (Yes) 否 (No)
10. 有无吃过退烧药或感冒 (Have you ever taken antipyretic or cold?) 是 (Yes) 否 (No)

C 化验检查 (Laboratory Test)

核酸检测(Nucleic acid test)

- 第一次(1st time): _____年(yy) _____月(mm) _____日(dd) 阴性(Negative) 阳性(Positive)
- 第二次(2nd time): _____年(yy) _____月(mm) _____日(dd) 阴性(Negative) 阳性(Positive)

D 胸部 CT/X 光检查 (Chest CT /X-ray Examination)

_____年(yy) _____月(mm) _____日(dd) 正常(Normal) 异常(Abnormal)

诊断结论: 经上述检测, 被检人员为新冠肺炎痊愈人员

Diagnosis Conclusion: After the above tests, the Patient were a cured case of COVID-19

以上信息是我本人填写或他人代写, 本人对信息内容真实性和完整性负责, 因信息填报不实导致相关后果的, 本人愿承担相应法律责任。

The above information is filled by myself or written on behalf of others. I am responsible for the authenticity and integrity of all the information and content. If any of the information is not true, I will bear all legal liabilities and relevant consequences.

受检者姓名(patient name): _____ 护照号(Passport number): _____
受检者签名(patient Signature): _____

医生姓名(doctor name): _____ 医生签名(doctor signature): _____
医院名称 (Hospital Name) : _____
医院印章 (Hospital Stamp) :

日期(data): _____ (Year) _____ (Month) _____ (Day)