

HOUSE TO HOUSE SEARCH SUSPECTED COVID-19 CASES IN A CLUSTER

(TO BE FILLED BY FRONTLINE HEALTH WORKER)

FORM-2 A

State _____
 Village/Area _____

District _____
 Team Members _____

PHC/Planning Unit _____
 Date of visit ____/____/____

1	Serial number of household					
2	Name of head of the family					
3	Mobile Number					
4	Total members in family					
5	Number of symptomatic cases found (provide details below)					

Details of symptomatic cases:

Sl. No.	House No.	Patient's name & Address	Phone Number	History of contact with a lab confirmed case	Sex	Age (Yr / Mo)	Fever	Cough / difficulty in breathing	Date of onset of first symptom	Hospitalized
1				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
2				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
3				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
4				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
5				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
6				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
7				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
8				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N

Report Summary:

Total number of households allotted: _____ Number of households visited _____ Total number of persons screened _____

Number of persons with symptoms: _____ Number of persons with history of contact with positive case _____ Number of persons hospitalized _____