**COVID-19 CASE REPORTING FORM**

COVID -19 CASE REPORTING

|  |  |  |
| --- | --- | --- |
| Reporter name | First name | Last name |
|  |  |  |
| Reporter number | Mobile | Landline |
|  |  |  |
| Reported by name | First name | Last name |
|  |  |  |
| Reported by phone number | Mobile | Landline |
|  |  |  |
| Report date & time | Hour  | Minutes |
|  |  |  |
| When did you first suspect? | Date: | Hour & minutes |
|  |  |  |

**Why are you reporting this person?**

|  |  |
| --- | --- |
| * Coughing
 |  |
| * Fever
 |  |
| * Having shortness of breath
 |  |
| * Feeling persistent pain or pressure in the chest
 |  |
| * Having confusion or inability to arouse
 |  |
| * Just came from abroad, carrying highly risk of COVID 19.
 |  |

**Reporting suspected Case:**

Toll Free Number: 0800 029 999

WhatsApp Number: 0600 12 3456