Appendix 4

INVESTIGATION FORM OF HEALTHCARE WORKER WITH COVID-19 INFECTION

1. Name:
2. IC Number:
3. Contact Number: Home: Mobile:
4. COVID-19 ID (case number):
5. Age:
6. Gender:
7. Race:
8. Job Designation:
9. Job description:
10. Department:
11. Institution/ Hospital:
12. Vaccination status:
    a. Non-vaccinated/ 1st Dose: date received_____/ 2nd dose: date received____/ Booster dose: date received _____
    b. Type of Vaccine received: _____
    c. Vaccine batch number: _____
    d. Vaccination center (SPV/PPV) : _____
13. Risk Factors: YES / NO (if yes please specify):
    Hypertension/ Diabetes / Pregnancy / Obesity / Smoker / Vaper / COPD Heart Disease / Asthma / Malignancy / HIV / CKD / Chronic Liver Disease Bed bound / Others
14. Reason for COVID-19 screening (tick where appropriate)
    a. Close contact with positive COVID-19 (patient/other staff/family/friends)
    b. Attended an event which was related to a cluster
    c. Screening at work
    d. Travelled from foreign countries/ identified red zones
    e. Acute symptoms compatible with COVID-19 without identifiable cause
    f. Pre-procedure/ pre-operation/ pre-transfer
    g. Self-initiative

15. Date of exposure (if known):

16. If symptomatic, date of onset of symptoms:

17. Specify the symptoms at presentation: (√)

Fever	
Chills	
Rigors	
Myalgia	
Headache	
Sore throat	
Nausea or Vomiting	
Diarrhea	
Fatique	
Nasal Congestion / Running Nose	
Cough	
Shortness of Breath	
Difficulty in Breathing	
Anosmia (loss of smell)	
Ageusia (loss of taste)	

18. COVID-19 Test:

No.	Date (sampling date)	Day from Exposure	Type of Test (RT-PCR/RTK-Ag)	Result
1.				
2.				
3.				

19. Date of diagnosis (sampling date of first positive result):

20. Duration (in days) of exposure/ symptoms before date of diagnosis:

21. Source of infection, (select the appropriate answer)

    a. Healthcare associated (most likely from patients)

        i. Work/ activity during exposure:

        ii. PPE used during exposure:

Head cover / Nursing cap / 3-ply surgical mask / N95 / Eye protection Isolation gown / Apron / Gloves / Boot cover / Shoe cover

iii. Is PPE used appropriate for the work or activity conducted: YES / NO

iv. Level of exposure risk: High / Medium / Low

b. Staff to staff transmission (close contact)

i. Possible reason/activity for transmission of COVID-19 (please specify): pantry / prayer room / on-call room / rest room / others

ii. Was PPE (3-ply surgical mask) used by both HCWs during interaction: YES / NO

iii. Level of exposure risk: High / Medium / Low

c. Community acquired: family members / housemates / social interaction

22. Is the source of infection related to any cluster: YES / NO

23. If yes, which cluster:

24. Actions taken immediately after screening, while waiting for the result (tick where appropriate)

a. Exclude from work and home quarantined - duration in days:
(start and end dates):

b. Exclude from work and quarantined at quarantine center - duration in days:
(start and end dates):

c. Allowed return to work with “Return to Work Practices And Work Restriction” (date):

25. Actions taken following positive COVID-19 result:

26. Treatment received:

27. Risk reduction strategies at workplace:

Please complete the details as below:

Details of Case Movement

	DATE	**DAILY ACTIVITIES / PLACE VISITED** Descried as details as possible, including adherence to SOP, wearing suitable PPE or any other related matters	**CONTACT DETAILS** (NAME & HP NO)
14 days before onset			
13 days before onset			
12 days before onset			
11 days before onset			
10 days before onset			
9 days before onset			
8 days before onset			
7 days before onset			
6 days before onset			
5 days before onset			
4 days before onset			
3 days before onset			
2 days before onset			
1 day before onset			
ONSET OF SYMPTOMS			

1 day after onset			
2 days after onset			
3 days after onset			
4 days after onset			
5 days after onset			
6 days after onset			
7 days after onset			

Close Contact Details

NO.	NAME	RELATION	DATE OF SWAB TEST	SWAB TEST RESULT

Signature:

Stamp of OSH Officer:

Date :

* Softcopy is available online at: https://drive.google.com/drive/folders/1tfetPYf4TSmKXWwpt00RpsdiLJ3M_DVz