

COVID-19 PATIENT HISTORY AND PHYSICAL RECORD

Complete this record for all COVID and suspected COVID patients, outpatient, ED, and initial admission. Include in patient's medical record.
Upload into TMDS using ICD-10 code B97.29, U07.1 or U07.2. Use military 24hr format for time and MM/DD/YYYY for dates. Version 1.1, 6 Jan 2023

MTF Name Role 1 Role 2 Role 3 Role 4 Arrival date Arrival time

Patient Info

Patient Name DoD ID SS# Age Gender M F DOB US citizen

Race Military Service Rank Occupation Specialty code CIV CTR

Base Unit Barracks ID Coalition Forces: Nation

Residence type (house, apt, barracks, coop, nursing home) Living arrangement Single Roommate Open bay (3+) Room/Apt #

Presenting complaint Date of symptom onset Hospital admission with 14 days Yes No

Contact time with COVID-infected person in past 14 days Yes No Brief Extended Roommate Unknown

Traveled Yes No Travel location Return date

Date social distancing started Quarantine Yes No No. of days Start date of quarantine

List names of people with whom patient was in close contact

History of present illness

Symptom Survey

<input type="checkbox"/> Fever >100.4F (>38C)	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Sputum production	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Subjective fever	<input type="checkbox"/> Coughing	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Altered consciousness/confusion
<input type="checkbox"/> Chills	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Muscle aches (myalgia)	<input type="checkbox"/> Loss of smell/ taste (anosmia/ageusia)
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Shortness of breath (dyspnea)	<input type="checkbox"/> Nausea or vomiting	Other symptom(s) <input type="text"/>
<input type="checkbox"/> Headache	<input type="checkbox"/> Running nose (rhinorrhea)	<input type="checkbox"/> Abdominal pain	

Medical History

Cardiovascular Dz

Pulmonary Dz

Diabetes

Liver Dz

Cancer Stage

Renal Dz

Neurologic Dz

Rheumatic Dz

Immune

Other

Other History (select all that apply)

Smoker ARB use If infant, term birth (>= 37wk GA)

Former smoker ACE use If infant, pre-term birth (< 37wk GA)

Vaper Immunosuppressive use Last flu vaccine Date

Former vaper Malaria Prophylaxis use Last PCV13 vaccine Date

Pregnant-wks NSAID use in past 5 days Last PCV23 vaccine Date

Illicit drug use

Medications (list)

Surgical History

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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record, STANDARD FORM 600
(Rev 8/2018) Presented by GSA/ICMR
FIRMR (41 CFR) 201-9-202-1

AAR comments, suggestions, lessons learned can be emailed to: DHA.JBSA-j-3.List.JTS-PIPS@health.mil FOR OFFICIAL USE ONLY - when filled out

Vitals Time Temp-F BP RR HR SaO2 GCS AVPU Height Weight

Physical Exam

General/Physc

- WNL
- Agitated
- Anxious
- Distressed mild
- Distressed mod
- Distressed severe
- SI/Hi
- Angry
- Hostile
- Combative
- Depressed
- Withdrawn

Skin

- WNL
- Cool
- Diaphoretic
- Cyanotic
- Mottled
- Bruising
- Pale
- Rash
- Erythema
- Laceration
- Abrasions
- Burn

Eyes

- WNL
- Discharge
- Unequal pupils
- Ears**
- WNL
- Drainage

Nose/Throat

- WNL
- Congestion
- Dry mucous membranes

Abdominal

- Tenderness w/ palpation
- Ecchymosis
- Guarding
- Rebound
- Flank tenderness R L
- WNL
- BS-absent
- BS-hypo
- BS-hyper

Neurological

- WNL (A&O x 4)
- Disoriented
- Motor deficit
- Sensory deficit
- Unsteady gait

Cardiovascular

- WNL
- Brady
- Tachy
- Irregular
- Murmur
- Click
- Gallop
- Pulse deficit
- PVCs or ectopy
- Cap refill>2
- Rub

Respiratory

- WNL
- Wheezing
- Rhonchi
- Crackles
- Stridor
- Dyspnea
- Distress mild
- Distress mod
- Distress severe
- Accessory muscle use

Muscular

- WNL
- Swelling
- Limited ROM
- Tenderness to palpation
- Unable to bear wt, ambulate
- Weakness
- Deformity

GU/GYN

- WNL
- Hematuria
- Vag bleeding
- Vag discharge
- Testicular pain
- Odor

Other exam findings

Radiology Findings (select all that apply)

Chest X-ray Normal Unilateral lobar infiltrate(s) Bilateral lobar infiltrate(s) Interstitial infiltrate(s) Diffuse ground-glass opacity
 Pleural effusion Pneumothorax Other (specify)

Chest CT Normal Unilateral lobar infiltrate(s) Bilateral lobar infiltrate(s) Interstitial infiltrate(s) Diffuse ground-glass opacity
 Pleural effusion Pneumothorax Pulmonary embolism Other (specify)

Lab Findings

WBC pH Na TBil Rapid flu Pos Neg CRP
Hgb PaO2 K DBil Rapid COVID Pos Neg Lactate
Hct pCO2 Cl AST Biofire Pos Neg Troponin
Platelets BE CO2 ALT Source D-dimer
Blood type A B ABG AB O VBG BUN ALP COVID PCR Pos Neg Pro-calcitonin
 AB O Cr GGT Source
Glu ALb Other lab(s)

Respiratory interventions

Non-invasive ventilation Room air NC Face mask CPAP/BIPAP High flow O2 O2 flow rate
Invasive ventilation: Intubation required Mechanical ventilator type PPE used for intubation: Surgical mask N95 PAPR None

Outpatient disposition Discharged w/ no restrictions Return to duty Quarantine Isolation Admitted Disposition date/time

Admission Admitted: Yes No Location Room air/stable Supp. O2 Intubated/Critical

Assessment and Plan

Provider Name Date form filled out

Patient Name DoD ID SS# DOB Gender M F

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