COVID-19 PATIENT HISTORY AND PHYSICAL RECORD

Submit by Email

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 | Sex ◯ 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 arrangment 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

- ☐ Fever >100.4F (>38C)
- ☐ Subjective fever
- ☐ Chills
- ☐ Chest pain
- ☐ Headache
- ☐ Sore throat
- ☐ Coughing
- ☐ Wheezing
- ☐ Shortness of breath (dyspnea)
- ☐ Running nose (rhinorrhea)
- ☐ Sputum production
- ☐ Difficulty swallowing
- ☐ Muscle aches (myalgia)
- ☐ Nausea or vomiting
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Altered consciousness/confusion
- ☐ Loss of smell/ taste (anosmia/ageusia)

Other symptom(s)

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
- ☐ Former smoker
- ☐ Vaper
- ☐ Former vaper
- ☐ Pregnant-wks
- ☐ ARB use
- ☐ ACE use
- ☐ Immunosuppressive use
- ☐ Malaria Prophylaxis use
- ☐ NSAID use in past 5 days
- ☐ If infant, term birth (>= 37wk GA
- ☐ If infant, pre-term birth (< 37wk GA)
- ☐ Last flu vaccine Date
- ☐ Last PCV13 vaccine Date
- ☐ Last PCV23 vaccine Date

☐ Illicit drug use

Medications (list)

Surgical History

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record, STANDARD FORM 600
(Rev 8/2018) Presented by GSA/ICMR
FIRMR (41 CRFR) 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 | Sa02 | GCS | AVPU | Height | Weight

Physical Exam

General/Psyc
- 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 | Hgb | Hct | Platelets

pH | PaO2 | pCO2 | BE | HCO3 | ABG | VBG

Na | K | Cl | CO2 | BUN | Cr | Glu

TBiL | DBiL | AST | ALT | ALP | GGT | ALb

Blood type: A B AB O

Rapid flu Pos Neg

Rapid COVID Pos Neg

Biofire Pos Neg

Source

COVID PCR Pos Neg

Source

Other lab(s)

CRP | Lactate | Troponin | D-dimer | Pro-calcitonin

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 | Sex M F

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