

Reference no: HICC/FDS/002

15th May, 2020**Notification****COVID-19 Risk Assessment Form****Be a part of the fight against prevention of the spread of COVID – 19**

Name :
House Name/ Door No. :
Street/ Road/ Ward :
District :
State :
Mobile No. :
E-mail:
Adhar card no. :

Medical History

1. Presenting Complaint:

Tooth ache		Other Dental Problems	
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2. Fever, Fatigue

No	Yes
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3. Coughing + Sputum + Throat Pain :

No	Yes
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4. Breathing Difficulty

No	Yes
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5. Cold , loss of smell and taste

No	Yes
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6. Have you travelled to any country within the last 30 days:

No	Yes
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7. If Yes, Name of the country:

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8. Has anyone in your family or household been diagnosed with COVID – 19 infection?

No	Yes
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9. Have you been in close contact with anyone who has travelled abroad in the recent past?

No	Yes
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10. Temperature : (check if temperature is ≥ 37.3 C)

Note : Use Arogya Setu app to identify the area of residence and the status it belongs