## **HOME SURVEILLANCE TOOL**

- 1. Patient Under Investigation (PUI) / Self Assessment for person with symptoms and signs of respiratory tract infection but is not warded.
- 2. Close contact of person infected and positive of COVID-19

Name :					
No. Identity Card :					
No. Telephone :	Mobile: Home:				
Type of exposure:	Category (1) OR (2) (please circle an appropriate choice and fill the details below)				
Home Address :	(A)				
PATIENT UNDER INVESTIGATION (P	UI)				
Date Arrival in Malaysia :					
Flight No.					
Date of symptom onset :					
CLOSE CONTACT OF POSITIVE COV	/ID-19 CASE				
Relationship with case :					
Date of exposure to case * :					

## **TABLE FOR DAILY MONOTORING**

**INSTRUCTION:** Please( $\sqrt{}$ ) the symptoms that you experience for each day.

Day 1	Day 2	Day 3	Day 4	Day 5	Day6	Day 7
Date:						
0						
Symptoms:	Symptoms :	Symptoms:				
Fever ( )						
Cough ( )						
Shortness of						
breath ( )						

Day8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date:						
						////
Symptoms:	Symptoms:	Symptoms:	Symptoms :	Symptoms :	Symptoms :	Symptoms :
Fever ( )						
Cough ( )	Cough ( ´)	Cough ( )				
Shortness of						
breath ( )						

<sup>\*</sup> please state the date of first contact

**NOTE:** Days of self monitoring can be added to the instructed period IF a person has recurrent exposure to the risk of infection.

## Please do all the below while you are under home surveillance:

- Be contactable at all time.
- Stay at home during the self-monitoring period.
- Limit visitors to your house.
- List the name of those visiting you.
- Always practice good cough etiquette.
- If you develop any symptom, always wearface mask. If you did not wear *face mask*, close your mouth and nose with tissues when coughing or sneezing. Throw the tissues into closed dustbin and **immediately WASH YOUR HANDS** with soap or hand sanitiser.
- Limit your distance with healthy person (s) to at least 1 meter.
- Wear face mask when you go out of your room and avoid contact with others.
- Open all windows in your house to ensure good ventilation.
- Do not share utensils, tableware and personal hygiene items.

## MONITOR YOURSELF FOR DEVELOPMENT OR WORSENINGOF SYMPTOMS

<u>IF YOU ARECATEGORY1:</u> Patient Under Investigation (PUI) / Self Assessment for person with symptoms and signs of respiratory tract infection but is not warded.

If your symptoms worsen, such as:

- Difficulty in breathing shortness of breath, fast breathing or lips turning blue;OR
- Prolonged fever more than 3 days

IMMEDIATELY contact the District Health Office at \_\_\_\_\_.

IF YOU ARE CATEGORY 2: Close contact of person infected and positive of COVID-19
If you develop any fever or cough or sore throat, IMMEDIATELY contact the District
Health Office at