

**All India Institute of Medical Sciences (AIIMS)
Mangalagiri, AP**

SELF REPORTING FORM

To be presented at the AIIMS OPD Ground floor sample collection area

(Near Registration Counter)

You are requested to provide the following information to safeguard your own health.

1	Name of the Patient	
2	Date of Arrival in India	
3	Passport No.	
4	City (port) of origin of Journey	
5	City (port) of final destination	
	Residential Details	
1	House Number	
2	Street/ Village	
3	Tehsil	
4	District/ City	
5	State	
6	Pin	
7	Residence Number	
8	Mobile Number	
9	E mail ID	

PART A

- a. Did you visit to China or any other country* affected by **2019-nCoV** in last 14 days? Yes / No
- b. Were you in contact with a suspect/confirmed case of **2019-nCoV** in last 28 days: Yes / No
- c. Are you suffering from any of the following symptoms?
- Fever Yes No
 - Cough Yes No
 - Respiratory distress Yes No

Signature of the Patient

*CHINA, ANY OTHER COUNTRY AS NOTIFIED BY W.H.O. FOR LOCAL TRANSMISSION.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

If answer to any of the above questions a/b and c are “yes”, please present yourself to the AIIMS OPD Ground floor sample collection area for preliminary screening.

(Adapted from NCDC, <https://ncdc.gov.in/index4.php?lang=1&level=0&linkid=127&lid=432>)