

**Form 1****Principles of preparing basic/in-depth epidemiological investigations for foreign confirmed cases**

- ☐ **Basic principles for entering epidemiological investigation information and data**
  - ☐ For confirmed cases of COVID-19 foreigners who are unable to communicate in Korean
  - ☐ Firstly, you must fill out the required items of the 'Basic and In-Depth investigation form'.
  - Required items (total 21 items: shaded) must be filled out
  - ☐ Public health center staff confirms, reviews, and adds with the help of an interpreter
- ☐ **Precautions on writing Required items of the "Basic/ In-Depth investigation"**
  - 1. Personal Information**
    - 1.2 In case of no alien registration number: Enter "date of birth" in the front column and '5000000' at the back column
      - \* (work of the public health center in charge) The first digit in the back column is randomly entered as '5 (foreign nationality male born in the 1900s), 6 (foreign nationality female born in the 1900's), 7 (male born in the 2000s), 8 (female born in the 2000s)'
    - 1.5 Residence Address: Current residence address
    - 1.7 Occupation: Write the name of job or school, address, and contact information
  - 2. Symptoms and underlying disease**
    - 2.1 symptom present or not, 2.2 Symptom manifestation date, 2.3 End of initial symptoms must be checked
  - 3. Estimated path of infection**
    - 3.2 Contact of confirmed patients : The name and relationship of a confirmed person who met 14 days before the date of the initial symptom occurrence to the present date are recorded.
    - 3.4 Others: Prepare other matters related to the estimated path of infection
  - 4. Group facility utilization**
    - Records of the names of group facilities in which he/she has been staying and eating since 14 days before the date of the initial symptom outbreak
  - 5. Contact with family and group facilities**
    - To identify contacts that occurred at home, group facilities, and medical institutions from 2 days before the date of initial symptoms to the present.
    - Write the scale of location and contact person for each facility

## Form 2

## Basic investigation of COVID-19 (foreign confirmed case)

※ Registration location : Covid19 information management system(covid19.kdca.go.kr) – Epidemiological investigation-Basic epidemiological investigation (confirmed patient)

Investigator	Jurisdiction		Contact	(office)	Reporting agency (Name of health center, name of medical institution)
	Research Health Center			(Mobile)	
	Name of investigator		Investigation date	Year Month Day	

confirmed case number	(※ Granted by the Disease Management Office)	Inspection agency		Type and place of quarantine	<input type="checkbox"/> Self, <input type="checkbox"/> Facility, <input type="checkbox"/> hospital (Place name: )
Confirmation date	Year Month Day	Inspection day	Year Month Day	Quarantine start date	Year Month Day

1. Personal Information (Mark or write ☒ in the relevant information)

1.1 Name		1.2 alien registration number	Date of birth	Distinguished Number	1.3 Gender	<input type="radio"/> Male <input type="radio"/> Female
1.4 Nationality	<input type="radio"/> Domestic <input type="radio"/> Overseas ( )	1.5 Residential address				
1.6 Contact person	<input type="checkbox"/> Patient <input type="checkbox"/> Guardian	1.7 Occupation (job name, school name, Etc)	<input type="radio"/> Yes (Facility name: / address : / Contact: ) <input type="radio"/> No			
1.8 Medical institution	Applicable (Laboratory <input type="checkbox"/> Nurse <input type="checkbox"/> Others (nurse, nursing assistant, clinical pathologist, transfer agent, etc.) <input type="checkbox"/> ) (Not applicable)					
1.9 Registered person	<input type="radio"/> Yes <input type="radio"/> No	1.10 Type of disability	<input type="checkbox"/> Physical <input type="checkbox"/> Mental etc.		1.11 Degree of disability	<input type="checkbox"/> Severe <input type="checkbox"/> Mild

2. Symptoms and underlying disease (Mark or write ☒ in the relevant information)

2.1 Presence or absence of symptoms (From 14 days before the diagnosis to the present)	<input type="radio"/> Yes (fill out 2.2, 2.3) <input type="radio"/> No	2.2 Symptom onset date	Year Month Day			
2.3 Initial symptoms	<input type="checkbox"/> Fever (including subjective complaints) <input type="radio"/> Yes ( °C ) <input type="radio"/> No	<input type="checkbox"/> Respiratory symptoms <input type="radio"/> Yes <input type="radio"/> No cough Phlegm Sore throat Shortness of breath	<input type="checkbox"/> other than Respiratory symptoms <input type="radio"/> Yes <input type="radio"/> No Muscle pain headache chills Taste loss Loss of smell other ( )	<input type="checkbox"/> Pneumonia <input type="radio"/> Yes <input type="radio"/> No Chest imaging Confirmation (CT/X-ray) <input type="radio"/> Yes <input type="radio"/> No		
2.4 Underlying disease	<input type="radio"/> Yes (Underlying disease) <input type="radio"/> No		2.5 Pregnancy status	<input type="radio"/> Yes ( Week ) <input type="radio"/> No		
2.6 Treatment status (at the time of diagnosis)	<input type="checkbox"/> Oral treatment <input type="checkbox"/> Oxygen therapy (nasal cannula, mask) <input type="checkbox"/> Artificial respiration <input type="checkbox"/> ECMO <input type="checkbox"/> Dialysis <input type="checkbox"/> Other investigation <input type="checkbox"/> Other ( )		2.7 Smoking status	<input type="radio"/> Currently smoking <input type="radio"/> Past smoking <input type="radio"/> Non-smoking		
2.8 Value of laboratory diagnostic test result	Laboratory	RdRp gene	E gene	N gene		
2.9 Inspection Status	<input type="radio"/> own judgment <input type="radio"/> Doctor's Opinion and Recommendation <input type="radio"/> Overseas visitation history <input type="radio"/> Group occurrence and investigation connection <input type="radio"/> family members or acquaintances with confirmed patients					
2.10 Covid 19 vaccination	<input type="checkbox"/> Vaccination status <input type="checkbox"/> Vaccination place	<input type="radio"/> Yes <input type="radio"/> No domestic (Place name: ) Overseas (Country name: )	<input type="checkbox"/> Type of vaccine 1st 2nd	<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Janssen <input type="checkbox"/> Other <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Janssen <input type="checkbox"/> Other	<input type="checkbox"/> Vaccination day	Year Mon Day Year Month Day

3. Estimated path of infection (from 14 days before the first symptom onset to the present, ☒ mark or description)

3.1 Overseas visit (country of stay)	<input type="radio"/> Yes (country name, Arrival date Year Mon Day) <input type="radio"/> No
3.2 Contact with confirmed patient	<input type="radio"/> Yes ( <input type="checkbox"/> Family (partner) contact, name : confirmed case number: ) relation: <input type="checkbox"/> Contact other than family (partner), name : confirmed case number: ) relation: <input type="radio"/> Last contact date Year Mon Day <input type="radio"/> No
3.3 Outbreak related	<input type="radio"/> Yes ( <input type="checkbox"/> Family (partner) <input type="checkbox"/> Medical institution <input type="checkbox"/> Religion related <input type="checkbox"/> Nursing and mental facilities <input type="checkbox"/> school <input type="checkbox"/> other <input type="radio"/> No
3.4 Other	
3.5 Pre-confirmed patient ※ City/region check (listed in order of priority)	1 confirmed case number : name : relation : Exposure place : First exposure date : Last exposure date : 2 confirmed case number : name : relation : Exposure place : First exposure date : Last exposure date : 3 confirmed case number : name : relation : Exposure place : First exposure date : Last exposure date :

## 4. Use of group facilities (medical institutions, facilities, etc.)

(from 14 days before the first symptom onset to the present, <input checked="" type="checkbox"/> mark or description)
<input type="radio"/> Yes (Name of institution/facility, <input type="checkbox"/> During admission (admission) (admission date: year month day) <input type="checkbox"/> Discharge (discharge) (discharge date: year month day) <input type="radio"/> No

5. Family (partner) and group facility contact (family and group facility contact from 2 days before the first symptom onset to the present, ☒ mark or write)

5.1 Family (partner) contact	<input type="radio"/> Yes (Number of people : person) <input type="radio"/> No
5.2 Facility contact (religion, nursing care, mental institution, school, academy, etc.)	<input type="radio"/> Yes (Facility name : , Number of people : person) <input type="radio"/> No
5.3 Contact person of medical institution	<input type="radio"/> Yes (Medical institution name : , Number of people : person) <input type="radio"/> No




## 6. Case classification result ※ City/region check

6.1 Main Category	<input type="radio"/> Overseas inflow <input type="radio"/> Overseas inflow related <input type="radio"/> Nursing <input type="radio"/> Other groups <input type="radio"/> Contact with confirmed patient <input type="radio"/> Unclassified
6.2 Middle category	
6.3 Note	

# Form 3

## In-depth investigation of COVID-19 (foreign confirmed cases)

2020.00.00.( day ).00 Time

confirmed case #	Name	Alien registration number(Passport number)			
Real Resident					
< Information of person who live together>					
Relationship	Name	contact no.	Occupation		
< Occupation information>					
Company	Occupation	Address	contact no.		
< Other information					
>					
 Credit card : Card number / Credit card type / Card holder					
 Mobile phone : Service provider / Subscriber					
					
<Estimated route of infection>					
<Contact tracing>					
Date(Day)	Place (District, Building name)	transportation (Walk, own car, bicycle)	situation (Describe with focus on who and what you did in a specific place)	Contact-specific activity (Name, relationship, contact information)	