**New Coronavirus Infection Response Report (for patients)**

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| --- | --- |
| Report Date | MM/DD/YY |
| Affiliation |  |
| Student ID Number |  |
| Name |  |
| Cell /Mobile  Phone Number |  |

**Report Items (please fill in as far as you can)**

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| --- | --- |
| Medical institutions diagnosed at | Hospital /  Public Health Center |
| Date of Diagnosis | MM/DD/YY |

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| 1. The course of symptoms until diagnosis (what symptoms were there since when?)   What's the course of your body temperature? Other helpful progresses. |
| 1. The state of the cohabiting family (if there is a cohabitant, the symptoms of the cohabitant, physical condition, or the presence or absence of a new corona virus infection) |
| 1. Contact with new corona virus infected persons (contact with infected persons, moving to epidemic areas, etc.) |
| 1. Behavior of up to 2 weeks of onset (presence or absence of commuting, travel routes on campus, etc., places to consider disinfection, etc.) |

※Note: You can attach a separate sheet of paper if need be.