Form 9 Case Investigation Report/ So'rovnoma hisoboti

Date of investigation/ So'rov o'tkazish sanasi va vaqti	_____/___/___(YYYY/MM/DD) _____/___/___(KK/OO/YYYY) Time/vaqt:	Name of investigation organization/ So'rov olib boruvchi tashkilot	
Name of investigator/ So'rov olib boruvchining ismi		Contact number of Investigator/ So'rovda qatnashuvchi shaxsning kontakt ma'lumotlari	
Reporting medical institution/ Hisobot beruvchi tibbiyot muassasasi		Date of report/ Hisobot sanasi	_____/___/___(YYYY/MM/DD) _____/___/___(KK/OO/YYYY)
		Contact number of reporting medical institution/ Hisobot beruvchi tibbiyot muassasasining kontakt ma'lumotlari	

1. Personal Information Shaxsiy ma'lumotlar	☜ Enter the personal information of the case subject to this case investigation and fill in the blank. / So'rovda qatnashuvchi shaxsning shaxsiy ma'lumotlarini kiriting yoki tegishli hollarda ✓ bilan belgilang yoki mos maydonlarni to'ldiring		
1.1 Name/Ismi		1.2 Nationality (based on the passport)/Fuqaroligi (pasporti bo'yicha)	
1.3 Date of birth/ Tug'ilgan sanasi	(For foreign nationals, enter passport number)/ (Chet elliklar uchun pasport raqami talab qilinadi)	1.4 Gender and age/ Jinsi va yoshi	○Male ○Female (Age) / ○Erkak ○Ayol (yoshi:)
1.5 Occupation/Kasbi		1.6 Contact number/Kontakt ma'lumotlari (o'zingizniki)	
1.7 Name of workplace(School)/ Ish joyining nomi (maktab)		1.8 Contact number (guardian) / Kontakt ma'lumotlari (vasiy)	
1.9 Address/Manzil	Address (as shown on the resident registration card)/ Manzil (rezident ro'yxatga olingan manzil):		
	Current address/Joriy yashash manzili:		

2. Current illness/Joriy	☜ Choose any relevant clinical signs and symptoms manifested from the initial onset until the time

kasallik nomi	of investigation/ Kasallik belgilari paydo bo'lgan vaqtdan boshlab so'rov vaqtigacha, tegishli klinik simptomlar va belgilarga ✓ belgisini qo'ying yoki to'ldiring.		
2.1 Initial symptoms and date of onset/ Birinchi alomatlar sanasi/turi	Onset Date of initial symptoms: _____/___/___(YYYY/MM/DD) / symptoms : Boshlang'ich alomat sanasi: _____/___/___(KK.OO.YYYY) / alomatlari:		
2.2 Current signs and symptoms (Choose all relevant condition)	☐General symptoms/Umumiy alomatlar		☐Fever/Istima (°C) ☐Chills/Sovuqqotish ☐Sweats/Terlash ☐Sore throat/Tomoq og'rig'i ☐Cough/Yo'tal ☐Lymphadenopathy/Limfadenopatiya (☐Cervical/Bo'yin ☐Axillary/Qo'ltiq ☐Inguinal/Chov ☐Other/Boshqa) ☐Headache/Bosh og'rig'i ☐Muscle/Mushak pain(Myalgia) og'rig'i ☐Back pain/Bel og'rig'i ☐Asthenia(weakness)/Asteniya (zaiflik) ☐Fatigue/Malaise-Lohaslik/Darmonsizlik ☐Itchiness/Qichishish ☐Keratitis/Conjunctivitis-Keratit/Konyunktivit ☐Nausea and Vomiting/Qayt qilish/ko'ngil aynishi ☐Other/Boshqa ( )
	☐ Skin Lesions (rashes)/ Teri zararlanishlari (toshma)	Date/Sana	Onset of symptom : ___/___/___(YYYY/MM/DD) Time: Ilk marta paydo bo'lish sanasi: _____/___/___(KK.OO.YYYY) Vaqti:
		Stage/Bosqich	☐ Macules/Mushaklar ☐ Papules/Papula ☐ Vesicles/Qavariq ☐ Pustules/Pastula ☐ Scabs/Qo'tir
		Area/Joyi	☐ Face ☐ Trunk ☐ Limbs ☐ Palms of hands ☐ Soles of the feet ☐ genitals ☐ anal ☐ Other ( ) ☐Yuz ☐Badan ☐Bo'g'imlar ☐Kaft ☐Oyoq kafti ☐Perigenital soha ☐Perianal soha ☐Boshqa(
			first area of lesion: ( ), area spread ( ) Ilk marta paydo bo'lish sohasi( ) ~ Tarqalish sohasi ( )
		Characteristic/ Belgilari	☐ Pain/Og'riq ☐ Itchiness/ Qichishish ☐ The lesions are in the same state of development on the body. / Badanning bitta joyidagi toshmalar o'lchami va rivojlanib bo'rishi bo'yicha o'xshash ☐ All of the lesions are the same size./ Barcha jarohatlar bir xil hajmda ☐ The lesions are deep and profound./Jarohatlar chuqur va to'liq tarqalgan
2.3 Description of symptoms in order/ Alomatning paydo bo'lish ketma-ketligining bayoni	① Symptom/Alomat ( ), Date of onset/Boshlanish sanasi ( ) ② Symptom/ Alomat ( ), Date of onset/ Boshlanish sanasi ( ) ③ Symptom/ Alomat ( ), Date of onset/ Boshlanish sanasi ( )		
2.4 Medication history (within the past 6 months)/ So'nggi 6 oydagi dorilardan foydalanish bo'yicha yozuvlar	○Yes/Ha (☞ Name of medication/Dori nomi: Start/End Date-Boshlash/yakunlash vaqti: (Reasons for taking the medication/Dori qabul qilish sababi:) ○No/Yo'q		

2.5 Case status/ Record of visit to medical institution (within the past 3 weeks)/ Bemorning holati/tibbiyot muassasasi yozuvlari (so'nggi 3 haftadagi)	2.5.1 Case status/ Bemorning holati	○ Alive ○ Died ☞ the following questions should only be asked if the case reports 'Died'. ○ Tirik ○ Vafot etgan ☞ Quyida bayon qiling.		
	Date of death/ Vafot etgan sana: _____/___/___(YYYY/MM/DD) _____/___/___(KK/OO/YYYY)	Place of Death : ○Medical institution ○Place of residence ○Other( ) Vafot etish joyi: ○Tibbiyot muassasasi ○Uy ○Boshqa ( )		
	2.5.2 Visit to medical institution/ Tibbiyot muassasasi yozuvlari	○ Yes ○ No ☞ the following questions should only be asked if the case reports 'yes' ○ Ha ○ Yo'q ☞ Agar javob "ha" bo'lsa, quyida bayon qiling.		
	Type of visit(+) Tashrif turi (+)	Name of medical institution Tibbiyot muassasalari nomi	Date/Period Sana/davomiyligi	ICU Admission Reanimatsiya bo'limiga qabul qilish
	○ Outpatient service/ Ambulatoriya ○ Emergency room/ Tez yordam xonasi ○ Inpatient/ Statsionar		~	○ Yes/Ha ○No/Yo'q
	○ Outpatient service/ Ambulatoriya ○ Emergency room/ Tez yordam xonasi ○ Inpatient/ Statsionar		~	○ Yes/Ha ○No/Yo'q
2.6 History of smallpox vaccination/ Chechakka qarshi emlashlar tarixi	○Yes (☞ Date of vaccination:) ○No ○Unknown ○Ha (☞ Emlangan sana:) ○Yo'q ○Bilmayman			
2.7 Underlying disease/ Kasallik	○Yes/Ha (☞ Specify/Aniqlashtiring:) ○No/Yo'q			
2.8 Immunocompromising condition (innate or acquired)/ Immunitet tanqisligi kasalligi	○Yes (Date of initial diagnosis: ___/___/___(YYYY/MM/DD), name of disorder:) ○None ○ Unknown ○Ha(Dastlabki tashxislash sanasi: kk.oo.yyyy, Kasallik nomi:) ○Yo'q ○Bilmayman			
2.9 Pregnancy status/ Homiladorlik	○Yes ○No (If yes, gestational age: ____weeks / Estimated date of delivery: _____/___/___(YYYY/MM/DD) ○Ha (Homiladorlik haftasi: / Kutilayotgan tug'ish sanasi: _____/___/___KK.OO.YYYY) ○Yo'q			

2.10 Differential diagnosis/ Boshqa diagnozlar	If any differential diagnosis was made or tests undergone, specify: _____ (e.g. chickenpox, shingles, measles, scabies, syphilis, malaria, and so on)/ Agar istisno qilish usulida tashxislash:_____ (masalan, varikella, shingillalar, qizamiq, qo'tir, sifilis, bezgak va boshqalar)

3. Travel history/Horijga tashrif ta'rifi	☜ Choose or fill out any relevant travel history within 21 days prior to symptom onset Agar siz simptomlar paydo bo'lishidan oldingi 21 kun ichida xorij mamlakatlariga tashrif buyurgan bo'lsangiz, tegishlilarini ✔ bilan belgilang yoki mos maydonlarni to'ldiring.
3.1 Travel history (within the past 21 days) / Xorijga tashrif bo'yicha yozuv (oxirgi 21 kun ichida)	☐Yes (If yes, please follow through all questions below in Section 3. Travel history) ☐None (Move to Section 4. Risk Exposure) □Ha (Quiyidagi xorijga tashriflar yozuvlari tafsilotlariga qarang.) □Yo'q (4. 'Xatar omili ta'siri' bo'limidagi savollarga o'ting)

3.2 Immigration information (to and from South Korea) / (Koreyadan chiqib ketish va Koreyaga kirish bo'yicha) immigratsiya ma'lumotlari	Date of Departure (from South Korea) / Jo'nab ketish sanasi (Janubiy Koreyadan)	____/___/__(YYYY/MM/DD) ____/___/__(KK/OO/YYYY)
	Date of Arrival (To South Korea) / Kirib kelish Sanasi (Janubiy Koreyaga)	____/___/__(YYYY/MM/DD) Time ____/___/__(KK/OO/YYYY) Vaqti
	Modes of transportation / Kirish vositasi	☐Air (Flight number: Airline: Seat number:) ☐Vessel/ship (Ship number: Name of company: Location where most time you remained:) □Samolyot (Reys nomi: Aviakompaniya nomi: O'rindiq raqami:) □Kema (Kema nomi: Kemachilik kompaniyasi nomi: Asosiy foydalanish joylari:)

3.3 Visited Countries or cities /period of visit Tashrif buyurilgan mamlakatlarva shaharlarning nomlari va tashrif davomiyligi	Countries/ Mamlakatlar	Cities/ Shaharlar	Date/Sana	Airport transit/ Tranzit aeroporti	Was it monkeypox endemic or non-endemic county? / Maymun chechagi epidemiyasi bor yoki yo'q davlatdan keldingizmi?
			~	○Yes/Ha ○No/Yo'q	○Yes/Ha ○No/Yo'q
			~	○Yes/Ha ○No/Yo'q	○Yes/Ha ○No/Yo'q

			~	○Yes/Ha ○No/Yo'q	○Yes/Ha ○No/Yo'q
			~	○Yes/Ha ○No/Yo'q	○Yes/Ha ○No/Yo'q
			~	○Yes/Ha ○No/Yo'q	○Yes/Ha ○No/Yo'q

3.4 Accompanying persons/ Tashrif turi	○ Solo travel/visit ○ Accompanying two or more persons (family members, co-workers, and so on; the number of accompanying persons:) ○Yakka holda tashrif ○Ikki yoki undan ortiq kishi hamroxligida (oila, hamkasblar va hok.; hamroxlar soni:)
3.5 Purpose of Visit/ Tashrifning maqsadi	○Fellowship/social/hobbies ○Travel/tourism ○Business ○Missionary activities ○Medical volunteering and relief activities ○Work/Residence ○Other ( ) ○Qatnashish/ijtimoiy/xobbilar ○Sayohat/turizm ○Biznes/xizmat safari ○Missionerlik faoliyatlari ○Tibbiy ko'ngillilik va yordam faoliyatlari ○Ish/Yashash ○Boshqa ( )

4. Risk Exposure/Xatar ta'siri yozuvlari	☜ Choose any relevant history of risk expsure within 21 days prior to symptom onset Simptomlar paydo bo'lishidan oldingi 21 kun ichidagi xatarlar ta'sirlari yozuvida ✔bilan belgilang yoki talab qilingan mos maydonlarni to'ldiring
4.1 History of contact to suspected or confirmed monkeypox case / Bemor bilan kontaktga Kirishish yoki tasdiqlangan maymun chechagi holatlari	Do you have any known contact with suspected or confirmed monkeypox case? ○Yes/Ha ○No/Yo'q ○ Unknown/Noaniq Siz biror marta maymun chechagi bilan og'rigan yoki gumon qilingan bemor bilan kontaktda bo'lganmisiz?
	☞ If yes, Agar ha Relationship : Date and time of contact : Location of contact: Exposure setting : ○ household contact ○ a stay in the same place ○ physical contact ○ Other ( ) Qarindoshlik: Kontaktda bo'lish sanasi: Kontaktda bo'lish joyi: Turi: ○ Turar-joy/birgalikda yashash ○ Bir joyda turish ○ Jismoniy kontakt ○ Boshqa ( ))
4.2 Any known experience of risk environment/ Ma'lum atrof-muhit ta'siri holatlari	☞ Specify below / Quyida ko'rsating

Details of exposure / Tafsilotlar	Place/area Joy/Minta	Date and time Sana va vaqt

		qa	
	☐ Participation in large events/ Keng ko‘lamdagi tadbirlarda qatnashish		
	☐ Laboratory exposures (work or temporary visit)/ Tegishli laboratoriyalarda ishlash tarixi yoki ularga tashriflar		
	☐ Specimens handling(incl. collection, transport)/ Tegishli namunalarni uzatish tarixi		
	☐ Other/Boshqa ( )		
4.3 Animal exposure/ Hayvonlarning ta’siri	Have you ever had a contact with livestock or wild animals?/ Siz biror marta uy hayvonlari yoki yovvoyi hayvonlar bilan kontaktda bo‘lganmisiz? ○Yes/Ha ○No/Yo‘q ○Unknown/Noaniq		
	☞ If yes,/ Agar Ha	Animal (specific): Date of contact: Place of contact: Source of contact: ☐ Pet (rodents, etc.) ☐ Wild animal carcass ☐ Wild animal Hayvon (turlari): Kontaktda bo‘lish sanasi va vaqti: Kontaktda bo‘lish joyi: Kontakt turi: □Uy hayvonlari (kemiruvchilar va hok.) □Yovvoyi hayvonlarning jasadlari □ Yovvoyi hayvonlar □Boshqa( )	
4.4 Sexual contact (within the last 3 weeks)/ Jinsiy aloqa (so‘nggi 3 hafta ichida)	Have you had a sexual contact within 21 days prior to symptom onset?/ Siz simptomlar paydo bo‘lishidan oldingi 21 kun ichida jinsiy aloqalarda bo‘lganmisiz?	○Yes/Ha ○No/Yo‘q ○Unknown/Noaniq ○Refuse to respond/Javob bermayman	
	☞ If yes,/ Agar Ha	Number of partners : ○1 ○2 or more ○Refuse to respond Relationship with partner(s): ○Spouse ○Acquaintances ○by chance ○Refuse to respond Jinsiy sheriklar soni: ○1 kishi ○2 yoki undan ko‘proq ○Javob berishni rad qildi Jinsiy sheriklar bilan qarindoshlik aloqalari: ○Turmush o‘rtoq ○Tanishlar ○Tasodifiy odamlar bilan aloqalar ○Javob berishni rad qildi	
4.5 Blood transfusion donation history/Qon topshirish tarixi	Have you ever donated blood or received blood transfusion within 21 days prior symptom onset?/ Siz simptomlar paydo bo‘lishidan oldingi 21 kun ichida qon topshirganmisiz yoki qon quyganmisiz? ○Yes/Ha ○No/Yo‘q		
	☞ If yes,/ Agar Ha	☐ Donated/ Qon topshirish Place/Joy: Date/Sana: _____/____/___(YYYY/MM/DD) / _____/____/___(KK/OO/YYYY) ☐ Received/ Qon quyish Place/Joy: Date/Sana: _____/____/___(YYYY/MM/DD) / _____/____/___(KK/OO/YYYY)	

4.6 Other suspected exposures / Boshqa gumon qilingan infeksiya manbalarining ta'sir qilishi	Secify / Aniqlik kiriting

5. Case classification and Management/Holatlar tasnifi va choralar	☜ Choose or fill out any relevant items/ Tegishlilarini ✔bilan belgilang yoki tegishli maydonlarni to'ldiring

5.1 Date of notification received/ Xabarning olinish sanasi va vaqti		_____/___/__(YYYY/MM/DD) Time: / _____/___/__(KK/OO/YYYY) Vaqt:
5.2 Outcome of case classification/ Holatlarni tasniflash natijalari	Epidemiological links/ Epidemiologik ahamiyati	○ Yes (visits to outbreak countries or confirmation of risks exposure) ○ No (no history of visit to an outbreak country) ○ Ha (Epidemiya hududiga tashrif buyurdi va xavf ta'siri tasdiqlandi va hok.) ○ Yo'q (Epidemiya hududiga tashrif buyurmadi va hok.)
	Clinical signs and symptoms/ Klinik belgilar va simptomlar	○ Meet the suspected or confirmed case definition ○ Fail to meet the suspected or confirmed case definitions ○Holatning bayoniga moslik ○Holatning bayoniga mos emaslik
	Outcome of case classification/ Holatni tasniflash natijasi	○ Suspected case ○ Not a case ○Shifokor bemori ○Qo'llash mumkin bo'lmagan holat

<Note on case classification>/ <Holatlarni tasniflash bo'yicha havolalar>

★ Admitted in the isolated ward and subject to testing/ Kasalxonada yakkalash Tekshiriluvchi shaxs

Classification/ Tasniflash		Monkeypox clinical signs and symptoms/ Maymun chechagining klinik simptomlari va belgilari	
		Meet clinical criteria/ Klinik mezonga moslik	Fail to meet clinical criteria (Atypical symptoms) / Mos emaslik (xos bo'lmagan simptomlar)
Epidemiological links (Risk level) / Epidemiologik ahamiyati (Xavf darajasi)	Presence /Mavjud	**Suspected case/ Shifokor bemori**	**Not applicable/ Tegishli emas**
	Absence/ Mavjud emas	**Not applicable/ Tegishli emas**	**Not applicable/ Tegishli emas**

※ The case is considered probable upon diagnosis by medical professionals in infectious disease, proctology, urology and dermatology, even though a monkeypox case doesn't have any epidemiological link. However, the case should be reconfirmed by epidemiological

	investigation officers from regional governments and regional Centers for Disease Control and prevention Agency to identify whether the case meets the case investigation criteria including epidemiological links and exclusive diagnosis. ※ Hattoki epidemiologik ahamiyatga ega bo‘lmasa ham, agar maymun chechagi yuqumli kasallik shifokori, proktolog, urolog va dermatolog tomonidan davolanish natijasida shubha qilingan bo‘lsa, u tekshiruv sifatida tasniflanishi mumkin. Biroq, ishni epidemiologik tekshiruv xodimlari tomonidan mintaqaviy hokimiyat organlari va mintaqaviy Kasalliklarni Nazorat Qilish va Oldini Olish Markazlaridan ishni tergov qilish mezonlariga, jumladan, epidemiologik aloqalar va istisno qilish tashxisga muvofiqligini aniqlash uchun tasdiqlash kerak.	
5.3 Patient transfer / Bemorni o‘tkazish	Patient transfer/ Tashish kerakligi yoki yo‘qligi	○Transfer ○NOT necessary (becuase the medical institution has isolation bed units)) ○ NOT eligible(not a case) ○Tashish ○Shart emas (karantin o‘rinlariga ega bo‘lgan tibbiyot muassasalari) ○Tegishli emas
	Means of transport/ Transport vositasi	○Public Health Center ○Quarantine Station ○119 Ambulance ○Other: _____ ○Jamoatchilik salomatlik markazi ○Karantin stantsiyasi ○119 tez yordam ○Boshqa: _____
5.4 Quarantine	Location of isolation / Karantin joyi	○Government-designated inpatient treatment beds ○Negative pressure isolation beds in general hospitals ○Other (specify:) ○Davlat tomonidan tayinlangan statsionar davolash o‘rinlari ○Umumiy kasalxonalardagi salbiy bosimli krovatlar ○Boshqa ( )
	Name of Medical Institution / Tibbiyot muassasasi nomi	
	Start date of Isolation / Karantinning boshlanish sanasi	_____/____/___(YYYY/MM/DD) Time: _____/____/___(KK/OO/YYYY) Vaqt:

6. Laboratory test/ Laborotoriya tekshiruvi	☜ Choose any relevant items below/ Tegishlilarini ✔ bilan belgilang yoki tegishli maydonlarni to‘ldiring			
6.1 Diagnostic tests/ Tashxis test o‘tkazish	○Yes/Ha ○No/Yo‘q			
Type of specimen/ Test turi	Sample (+) / Namuna(+)	Date of specimen collected (YYYY/MM/DD) Namuna olish sanasi (KK/OO/YYYY)	Name of agency conducting laboratory test/ Tekshirish muassasalari	Test result/ Test natijalari va turlari

	○Skin lesion fluid ○Not performed ○Teri shikastlanishi suyuqligi ○Tekshirilmadi	___/___/___ (YYYY/MM/DD) (KK/OO/YYYY)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )
	○Skin lesion tissue ○Not performed ○Teri shikastlanishi to‘qimasi ○Tekshirilmadi	___/___/___ (YYYY/MM/DD) (KK/OO/YYYY)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )
	○Scab ○Not performed ○Qo‘tir ○Tekshirilmadi	___/___/___ (YYYY/MM/DD) (KK/OO/YYYY)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )
	○Oropharyngeal smear ○Not performed ○Dimog‘dan olingan surtma ○Tekshirilmadi	___/___/___ (YYYY/MM/DD)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )
	○Blood ○Not performed ○Qon ○Tekshirilmadi	___/___/___ (YYYY/MM/DD)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )

	○Other ( ) ○Not performed ○Boshqa ( ) ○Tekshirilmadi	___/___/___ (YYYY/MM/DD)	○ Korea Disease Control and Prevention Agency ○Public Health and Environment Research Institute ○Koreya kasalliklarni nazorat qilish va oldini olish agentligi ○Jamoatchilik salomatligi va atrof-muhit tadqiqot instituti	○Positive/Ijobiy ○Negative/Salbiy ○Pending/ Aniqlanmagan ○In progress/ Davom etmoqda ○Other/Boshqa ( )

7. Contact Status/ Aloqa holati	☜ Choose or fill out any relevant items below/ Tegishlilarini ✔ bilan belgilang yoki tegishli maydonlarni to'ldiring
7.1 Contacts (Have you had contact with anyone after the onset of symptoms?) / Aloqalar (Alomat boshlangandan so'ng, hech kim bilan aloqada bo'ldingizmi?)	○Yes (If yes, please follow through all questions below in Section 7. Contacts Status) ○No ○Ha (Agar ha bo'lsa, iltimos, 7 Aloqa holati bo'limdagi savollarga javob bering) ○Yo'q
	How many contacts the case has had since the onset of symptoms? Simptomlar paydo bo'lgan vaqtdan boshlab kontaktlar bo'lganlar soni? ☞ Total/jami person(s)/shaxs(lar)
	•Family members and live-in person(s) / Oilangiz va siz bilan yashovchilar bilan kontaktda bo'lganlar soni person(s)/shaxs(lar)
	•Those from medical institution(s) / Tibbiyot muassasalari bilan kontaktda bo'lganlar soni (Institution(s) Name/ Muassasa nomi:) person(s)/shaxs(lar)
	•People commuted/traveled via the same transport/ Bitta transport vositasidan foydalanuvchilar soni (Specify/Aniqlashtiring:) person(s)/shaxs(lar)
	•Other/Boshqa ( ) person(s)/shaxs(lar)
	* For contacts investigation and relevant details, use a separate 'Contact and Exposure Survey Form' * Please refer to the 'monkeypox response guideline' for registering contacts on the web system * So'rov va kontaktlarning batafsil holati uchun "alohida shakl, kontakt/ta'sir qilish so'rovi shakli" dan foydalaning. * Veb tizimga kriish uchun kontakt ma'lumotlari va vaqtlar bo'yicha yo'riqnomaning asosiy matniga qarang.

8. Final decision/ Yakuniy xulosa	☜ Choose or fill out any relevant items below/ Tegishlilarini ✔ bilan belgilang yoki tegishli maydonlarni to'ldiring
8.1 case management result/ Amal natijalari	○Under treatment ○Discharged after recovery (__/___/__(YYYY/MM/DD) ○Died ___/___/__(YYYY/MM/DD) ○Davolanishda ○Tuzalgandan keyin javob berilgan (KK/OO/YYYY) ○Vafot etgan (KK/OO/YYYY)
8.2 Final result/ Yakuniy natijalar	○Confirmed case ○Suspected case ○Not a patient (Diagnosis): ○Bemor ○Shifokor bemori ○Bemor emas(Tashxis nomi):

	☞ If case is confirmed as 'monkeypox patient', indicate clinical characteristics: / Agar holat tasdiqlansa, 'Maymun chechagi bemori' uchun klinik turini ko'rsating:

9. Contact tracing/ Kuzatuv tadqiqoti	☜ Choose or fill out any relevant items below Tegishlilarini ✔ bilan belgilang yoki tegishli maydonlarni to'ldiring	
9.1 Contact tracing results/ Kuzatuv tadqiqoti natijalari	○Ongoing ○Finished / ○Davom etmoqda ○Tugagan	
	Number of Contacts: Total person/s Kontaktda bo'lganlar soni: jami	Patient: person (name:) Kasallik yuqqan bemorlar soni: (Ismi:)
	Number of contacts in the live-in family / Birga yashaydigan oila a'zolarining kontaktlar bo'lganlar soni ○Yes/Ha (person/s/jami) ○No/Yo'q	Number of contacts other than live-in family (incl. health care workers) / Birga yashaydigan oila a'zolaridan tashqari kontaktlar bo'lganlar soni (jumladan tibbiyot xodimlari) ○Yes/Ha (person/s/Jami) ○No/Yo'q

9.2 List of contacts/ Kontaktda bo'lganlar ro'yxati

Name /Ismi (+)	Day of Birth/Tug'ilgan sanasi	Gender/ Jinsi	Relationship/Qarindoshligi	Date of the latest contact/Oxirgi aloqa sanasi	Address (city, county, gu)/ Manzil (Shahar, davlat)	Mobile number /Mobil telefon raqami	Nationality /Millati	Ocupation /Kasbi	Name of work place/Ish joyi nomi	Symptoms/Alomatlar	Risk exposure level/Tarqalish xavfi	Quarantine status/Yakkalash	Smallpox Vaccination /Chechakka qarshi emlash
		○Male/erkak ○Female/ayol	○Medical staff/ ○Medical institution workers ○Family ○Colleague ○Friend ○Others ○Tibbiyot xodimlari ○Tibbiyot muassasalaridagi ishchilar ○Oila ○Hamkasblar ○Do'stlar ○Boshqalar	yr. mo. Day kk/oo/yyyy			○Korean ○Foreigner Nationals:( ) ○Koreys ○Chet elliklar Mamlakat nomi: ( )	○( ) ○unemployed ○Ishsiz ○( )		○ yes ○ none ○ Ha ○ Birortaham yo'q	○High risk ○Medium risk ○Low risk ○Yuqori xavf ○O'rtacha darajadagi xavf ○Past darajadagi xavf	○Not quarantined ○Release of quarantine ○Self-quarantine ○Hospital quarantine ○Cohort quarantine ○Karantinga joylashtirilmagan ○Karantindan chiqarilish ○O'z-o'zini karantinlash ○Kasalxonada yakkalash ○Kogortali yakkalash	○Non-vaccinated ○Vaccinated (year) ○Emlanmagan ○Emlangan (yyyy)