

# Case Investigation Report

## Pag-sisiyasat ng Kaso

Date of investigation Petsa ng pagsisiyasat	____/____/____(YYYY/MM/DD) Time: Taon Buwan Araw Oras	Name of investigation organization Pangalan ng organisasyon ng tagapagsiyasat	
Name of investigator Pangalan ng tagapagsiyasat		Contact number of Investigator Numero ng tagapagsiyasat	
Reporting medical institution Institusyong medikal na nag-ulat		Date of report Petsa ng pag-ulat	____/____/____(YYYY/M M/DD) Taon Buwan Araw
		Contact number of reporting medical institution Numero ng telepono ng organisasyon na nag-ulat	

1. Personal Information
1. Personal  
na impormasyon

Enter the personal information of the case subject to this case investigation and fill in the blank.  
Isulat ang personal na impormasyon ng paksa ng pagsisiyasat o kaya’y markahan ng ✓ o isulat ang naaayon na sagot

1.1 Name 1.1 Pangalan		1.2 Nationality (based on the passport) 1.2 Nasyonalidad(Ayon sa pasaporte)	
1.2 Date of birth 1.3 Petsa ng kapanganakan	(For foreign nationals, enter passport number) (Para sa mga dayuhan, numero ng pasaporte)	1.3 Gender and age 1.4 Kasarain·Edad	<input type="radio"/> Male <input type="radio"/> Female (Age ) <input type="radio"/> Lalaki <input type="radio"/> Babae (Edad )
1.4 Occupation 1.5 Trabaho		1.5 Contact number 1.6 Numero ng telepono (sarili)	
1.6 Name of workplace(School) 1.7 Pangalan ng kompanya(paalaran)		1.7 Contact number (guardian) 1.8 Numero ng telepono ng Katiwala	

1.8 Address 1.9 Tirahan	Address (as shown on the resident registration card): Tirahan batay sa rehistradong residente:
	Current address: Aktuwal na tirahan:

<b>2. Current illness</b>		<p> Choose any relevant clinical signs and symptoms manifested from the initial onset until the time of investigation</p> <p>Mula sa simula ng mga sintomas hanggang sa panahon ng pagsisiyasat, ang mga nauugnay na klinikal na sintomas at palatandaan, markahan ng <input checked="" type="checkbox"/> o isulat</p>		
2.1 Initial symptoms and date of onset 2.1 Petsa/uri ng unang sintomas	Onset Date of initial symptoms: ____/____/____(YYYY/MM/DD) / symptoms : Petsa ng sintomas: Taon Buwan Araw/ Uri “			
2.2 Current signs and symptoms (Choose all relevant condition) 2.2 Kamakailan na sintomas palatandaan (Markahan ng <input checked="" type="checkbox"/> ang lahat na naaayong sagot	<input type="checkbox"/> General symptoms  <input type="checkbox"/> Sistematikong sintomas	<input type="checkbox"/> Fever(            °C) <input type="checkbox"/> Chills <input type="checkbox"/> Sweats <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Lymphadenopathy ( <input type="checkbox"/> Cervical <input type="checkbox"/> Axillary <input type="checkbox"/> Inguinal <input type="checkbox"/> Other ) <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain(Myalgia) <input type="checkbox"/> Back pain <input type="checkbox"/> Asthenia(weakness) <input type="checkbox"/> Fatigue/Malaise <input type="checkbox"/> Itchiness <input type="checkbox"/> Keratitis/Conjunctivitis <input type="checkbox"/> Nausea and Vomiting <input type="checkbox"/> Other (            ) <input type="checkbox"/> Iagnat(            °C) <input type="checkbox"/> pagpapawis <input type="checkbox"/> pananakit ng lalamunan <input type="checkbox"/> panlalamig <input type="checkbox"/> ubo <input type="checkbox"/> lymphadenopathy( <input type="checkbox"/> leeg <input type="checkbox"/> kili-kili <input type="checkbox"/> ingit) <input type="checkbox"/> pananakit ng ulo <input type="checkbox"/> pananakit kalamnan <input type="checkbox"/> pananaki ng likod <input type="checkbox"/> kawalan ng lakas(panghihina) <input type="checkbox"/> pagkapagod <input type="checkbox"/> pangangati <input type="checkbox"/> keratitis <input type="checkbox"/> pagsusuka/pagduduwal <input type="checkbox"/> ibapa(            )		
	<input type="checkbox"/> Skin Lesions (rashes) <input type="checkbox"/> Lesyon sa balat (pantal)	Date Petsa  Onset of symptom : ____/____/____(YYYY/MM/DD) Time: Petsa ng kauna-unahang paglitaw  Taon   Buwan   Araw   Oras		
	Stage Uri	<input type="checkbox"/> Macules <input type="checkbox"/> Papules <input type="checkbox"/> Vesicles <input type="checkbox"/> Pustules <input type="checkbox"/> Scabs <input type="checkbox"/> batik <input type="checkbox"/> pantal <input type="checkbox"/> paltos <input type="checkbox"/> pigsas <input type="checkbox"/> balat ng sugat		
	Area Parte	<input type="checkbox"/> Face <input type="checkbox"/> Trunk <input type="checkbox"/> Limbs <input type="checkbox"/> Palms of hands <input type="checkbox"/> Soles of the feet <input type="checkbox"/> genitals <input type="checkbox"/> anal <input type="checkbox"/> Other (            ) <input type="checkbox"/> mukha <input type="checkbox"/> katawan <input type="checkbox"/> binti at braso <input type="checkbox"/> palad <input type="checkbox"/> talampakan <input type="checkbox"/> paligid ng ari <input type="checkbox"/> paligid ng puwit <input type="checkbox"/> iba pa(            )		



(sa loob ng nakalipas na 3 linggo)	2.5.2 Visit to medical institution 2.5.2 Kasaysayan sa paggamit ng Institusyong Medikal	<input type="radio"/> Yes <input type="radio"/> No ➡ the following questions should only be asked if the case reports 'yes' <input type="radio"/> wala <input type="radio"/> meron ➡ sagutan sa ibaba			
		Type of visit(+) Paraan ng pagbisita(+)	Name of medical institution Pangalan ng hospital	Date/Period Petsa/Panahon	ICU Admission Admisyon sa ICU(intensive care unit)
	<input type="radio"/> Outpatient service <input type="radio"/> Emergency room <input type="radio"/> Inpatient <input type="radio"/> panlabas na pasyente <input type="radio"/> silid ng emerhensya <input type="radio"/> admisyon			~	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Oo <input type="radio"/> Hindi
	<input type="radio"/> Outpatient service <input type="radio"/> Emergency room <input type="radio"/> Inpatient <input type="radio"/> panlabas na pasyente <input type="radio"/> silid ng emethensya <input type="radio"/> admisyon			~	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Oo <input type="radio"/> Hindi
2.6 History of smallpox vaccination 2.6 Kasaysayan ng bakuna sa bulutong	<input type="radio"/> Yes (➡ Date of vaccination: _____ ) <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Mayroon (➡ Taon ng bakuna: _____ ) <input type="radio"/> Wala <input type="radio"/> Hindi alam				
2.7 Underlying disease 2.7 Karamdaman	<input type="radio"/> Yes (➡ Specify: _____ ) <input type="radio"/> No <input type="radio"/> Mayroon(➡ pangalan ng sakit: _____ ) <input type="radio"/> Wala				
2.8 Immunocompromising condition (innate or acquired) 2.8 Sakit sa pagbaba ng panlaban ng sakit sa katawan	<input type="radio"/> Yes (Date of initial diagnosis: __/__/__(YYYY/MM/DD), name of disorder: _____ ) <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Mayroon (Petsa ng kauna-unahang nasuri: Taon    Buwan    Araw , pangalang ng sakit: _____ ) <input type="radio"/> wala <input type="radio"/> hindi alam				
2.9 Pregnancy status 2.9 Istado ng pagbubuntis	<input type="radio"/> Yes <input type="radio"/> No (If yes, gestational age: ____weeks / Estimated date of delivery: ____/____/__(YYYY/MM/DD) <input type="radio"/> Oo (Bilang ng linggo ng pagbubuntis: _____ linggo), (Inaasahang petsa ng panganganak: Taon    Buwan    Araw ) <input type="radio"/> Hindi				





2.10 Differential diagnosis 2.10 Iba pa	<p>If any differential diagnosis was made or tests undergone, specify: _____ (e.g. chickenpox, shingles, measles, scabies, syphilis, malaria, and so on) Pag-diagnose sa mga sakit (bulutong manok, buni, tigas, scabies, syphilis, malaria, atbp.)</p> <p>Karagdagang paglalarawan kung mayroong medikal na kondisyon maliban sa nasa itaas (o pinaghihinalaang diagnosis maliban sa bulutong unggoy)</p>
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<b>2. Travel history</b> 3. Kasaysayan sa pagbisita sa ibang bansa	📖 Choose or fill out any relevant travel history within 21 days prior to symptom onset				
	📖 <b>Pagbisita sa ibang bansa sa loob ng 21 araw bago magsimula ang sintomas sa naayon na bagay, markahan ng ✓ o isulat</b>				
3.1 Travel history (within the past 21 days) 3.1 Pag-aalam sa pagbisita sa ibang bansa	<input type="checkbox"/> Yes (If yes, please follow through all questions below in Section 3. Travel history) <input type="checkbox"/> None (Move to Section 4. Risk Exposure) <input type="checkbox"/> Mayroon (Kumpirmahin ang mga detalye ng kasaysayan ng pagbisita sa ibang bansa sa ibaba) <input type="checkbox"/> Wala (4.Tumungo sa tanong sa dahilan pagkakalantad sa panganib) tanong sa				
3.2 Immigration information (to and from South Korea) 3.2 Impormasyon sa paglabas at pagpasok sa ating bansa	Date of Departure (from South Korea) Petsa ng paglabas	____/____/____(YYYY/MM/DD) Taon      Buwan      Araw			
	Date of Arrival (To South Korea) Petsa ng pagpasok	____/____/____(YYYY/MM/DD)      Time Taon      Buwan      Araw      Oras			
	Modes of transportation Paraan ng pagpasok	<input type="checkbox"/> Air (Flight number:      Airline:      Seat number:      ) <input type="checkbox"/> Vessel/ship (Ship number:      Name of company:      ) Location where most time you remained:      ) <input type="checkbox"/> Eroplano(Numero ng biyahe ng eroplano : pangalan ng eroplano:      Numero ng upuan:      ) <input type="checkbox"/> Barko (Numero ng biyahe barko:      pangalan ng barko: : Mga Lokasyon ng kadalasang kinaroonan)			
3.3 Visited Countries or cities /period of visit 3.3 Pangalan ng bansang binisita/lugar at panahon	Countries Pangalan ng bansang binisita	Cities Pangalan ng binisitang lalawigan	Date Panahon ng pagbisita	Airport transit Pagdaa n sa loob ng paliparan	Was it monkeypox endemic or non-endemic county? Mapanganib/nagaganap na lugar



**sa panganib**

 Pagkalantad sa loob ng 21 araw bago magsimula ang sintomas markahan ng ✓o isulat

<p>4.1 History of contact to suspected or confirmed monkeypox case</p> <p>4.1 Pagka-ugnay sa pasyente</p>	<p>Do you have any known contact with suspected or confirmed monkeypox case?</p> <div style="text-align: right;"> <input type="radio"/>Yes    <input type="radio"/>No    <input type="radio"/>Unknown  <input type="radio"/>Oo    <input type="radio"/>Hindi    <input type="radio"/>Hindi alam         </div> <p>Kayo po ba ay naugnay sa taong pinaghihinalaang pasyente ng bulutong unggoy?</p>			
	<p> If yes,</p> <p> ‘Kung Oo,</p>	<p>Relationship : _____ Date and time of contact : _____</p> <p>Location of contact: _____</p> <p>Exposure setting : <input type="radio"/> household contact <input type="radio"/> a stay in the same place <input type="radio"/> physical contact <input type="radio"/> Other ( )</p> <p>Relasyon: _____ Petsa ng pagka-ugnay: _____ Lugar: _____</p> <p>Anyo: <input type="radio"/>Kasamang naninirahan    <input type="radio"/>Pananatili sa parehong lugar</p> <p><input type="radio"/>Pisikal na pagka-ugnay <input type="radio"/>Iba pa( )</p>		
<p>4.2 Any known experience of risk environment</p> <p>4.2 Pakakalantad sa kapaligiran</p>	<p> Specify below</p> <p> Pamamaraan sa ibaba</p>			
	<p>Details of exposure</p> <p>Mga detalye</p>		<p>Place/a rea</p> <p>Lugar/lalawigan</p>	<p>Date and time</p> <p>Petsa</p>
	<p><input type="checkbox"/> Participation in large events</p> <p><input type="checkbox"/>Paglahok sa malalaking kaganapan</p>			
	<p><input type="checkbox"/> Laboratory exposures (work or temporary visit)</p> <p><input type="checkbox"/>Kaugnay na gawain sa laboratoryo o kasaysayan sa pagbisita</p>			
	<p><input type="checkbox"/> Specimens handling(incl. collection, transport)</p> <p><input type="checkbox"/>Kaugnay na kasaysayan sa paglipat ng sample</p>			
	<p><input type="checkbox"/> Other ( )</p> <p><input type="checkbox"/>Iba pa ( )</p>			
<p>4.3 Animal exposure</p> <p>4.3 Pagkakalantad sa hayop</p>	<p>Have you ever had a contact with livestock or wild animals?</p> <p>Kayo po ba ay naugnay sa hayop o ligaw na hayop?</p> <div style="text-align: right;"> <input type="radio"/>Yes    <input type="radio"/>No    <input type="radio"/>Unknown  <input type="radio"/>Oo    <input type="radio"/>Hindi    <input type="radio"/>Hindi alam         </div>			

	<p> If yes,</p> <p> *Kung Oo,</p>	<p>Animal (specific): _____ Date of contact: _____</p> <p>Place of contact: _____</p> <p>Source of contact: <input type="checkbox"/> Pet (rodents, etc.) <input type="checkbox"/> Wild animal carcass</p> <p><input type="checkbox"/> Wild animal</p> <p>Uri ng hayop    Araw ng pagka-ugnay: _____</p> <p>Uri ng pagka-ugnay: <input type="checkbox"/>Mga alagang hayop (uri ng daga at iba pa.) <input type="checkbox"/>Bangkay ng _____</p> <p>mababangis na hayop <input type="checkbox"/>Mababangis na hayop _____</p> <p><input type="checkbox"/>Iba pa( _____ )</p>
<p>4.4 Sexual contact (within the last 3 weeks)</p> <p>4.4 Pagka-ugnay sa pamamagitan pagkikipagtalik</p> <p>Sa nakalipas na 3 linggo</p>	<p>Have you had a sexual contact within 21 days prior to symptom onset?</p> <p>Nakipagtalik po ba kayo sa loob ng 21 araw bago nagsimula ang mga sintomas?</p>	<p><input type="radio"/>Yes    <input type="radio"/>No</p> <p><input type="radio"/>Unknown</p> <p><input type="radio"/>Refuse to respond</p> <p><input type="radio"/> Oo    <input type="radio"/> Hindi</p> <p><input type="radio"/> Hindi alam</p> <p><input type="radio"/> Tumanggi sa pagsagot</p>
	<p> If yes,</p> <p> *Kung Oo,</p>	<p>Number of partners : <input type="radio"/>1    <input type="radio"/>2 or more    <input type="radio"/>Refuse to respond</p> <p>Relationship with partner(s): <input type="radio"/>Spouse <input type="radio"/>Acquaintances <input type="radio"/>by chance</p> <p><input type="radio"/>Refuse to respond</p> <p>Bilang ng nakatalik: <input type="radio"/> 1tao    <input type="radio"/> 2tao pataas    <input type="radio"/> Tumanggi sa pagsagot</p> <p>Relasyon sa taong nakatalik : <input type="radio"/> Asawa    <input type="radio"/> Kakilala    <input type="radio"/> Walang relasyon</p> <p><input type="radio"/> Tumanggi sa pagsagot</p>
<p>4.5 Blood transfusion donation history</p> <p>4.5 Tungkol donasyon ng dugo</p>	<p>Have you ever donated blood or received blood transfusion within 21 days prior symptom onset?</p> <p><input type="radio"/>Yes    <input type="radio"/>No</p> <p>Kayo po ba ay nakapag donasyon ng dugo o nasalanan ng dugo sa loob ng 21 araw bago nagsimula ang mga sintomas? <input type="radio"/>Oo    <input type="radio"/>Hindi</p>	<p><input type="checkbox"/> Donated    Place: _____ Date: ____/____/__(YYYY/MM/DD)</p> <p><input type="checkbox"/> Received    Place: _____ Date: ____/____/__(YYYY/MM/DD)</p> <p><input type="checkbox"/> Lugar ng donasyon ng dugo: _____</p> <p>Petsa:    Taon    Buwan    Araw</p> <p><input type="checkbox"/> Lugar kung saan nasalanan ng dugo: _____</p> <p>Petsa:    Taon    Buwan    Araw</p>
<p>4.6 Other suspected exposures</p> <p>4.6 Iba pang dahilan na pinaghihinalaan na maaaring nahawaan</p>	<p>Secify</p> <p>Kung may iba pang pinaghihinalaan na pinagmumulan ng impeksyon</p>	



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<b>4. Case classification and Management</b>		Choose or fill out any relevant items											
<b>5. Pag-uuri at pagkilos ng kaso</b>		Sa naaayon, markahan ng ✓ o isulat											
5.1 Date of notification received 5.1 Petsa ng pagtanggap ng ulat	____/____/____(YYYY/MM/DD) Time: Taon Buwan Araw Oras												
5.2 Outcome of case classification 5.2 Resulta ng pag-uuri ng kaso	Epidemiological links Epidemiolohiko na koneksyon	<input type="radio"/> Yes (visits to outbreak countries or confirmation of risks exposure) <input type="radio"/> No (no history of visit to an outbreak country) <input type="radio"/> Oo (pagbisita sanauukol na mga lugar at pagsuri sa pagkakalantad sa panganib, atbp.) <input type="radio"/> Hindi (hindi bumisita sa mga lugar pinangyarihan, atbp.)											
	Clinical signs and symptoms Klinikal na palatandaan· sintomas	<input type="radio"/> Meet the suspected or confirmed case definition <input type="radio"/> Fail to meet the suspected or confirmed case definitions <input type="radio"/> Pagsang-ayon sa kahulugan ng kaso <input type="radio"/> Hindi pagsang-ayon sa kahulugan ng kaso											
	Outcome of case classification Resulta ng klasipikasyon ng kaso	<input type="radio"/> Suspected case <input type="radio"/> Not a case <input type="radio"/> Pasyenteng pinaghihinalaan na may virus <input type="radio"/> Hindi nabibilang na kaso											
<Note on case classification> <Sumangguni sa klasipikasyon ng kaso>	<table border="1"> <tr> <td colspan="2" rowspan="2">           Classification            Dibisyon         </td> <td colspan="2">           Monkeypox clinical signs and symptoms            Klinikal na sintomas at palatandaan bulutong unggoy         </td> </tr> <tr> <td>           Meet clinical criteria            Naaayon         </td> <td>           Fail to meet clinical criteria            (Atypical symptoms)            Hindi naaayon(hindi tiyak ang sintomas)         </td> </tr> <tr> <td>           Epidemiological links            (Risk level)         </td> <td>           Presence            Pagkakar         </td> <td> <b>Suspected case</b>  <b>Pasyente na</b> </td> <td> <b>Not applicable</b>  <b>Hindi kabilang</b> </td> </tr> </table>			Classification Dibisyon		Monkeypox clinical signs and symptoms Klinikal na sintomas at palatandaan bulutong unggoy		Meet clinical criteria Naaayon	Fail to meet clinical criteria (Atypical symptoms) Hindi naaayon(hindi tiyak ang sintomas)	Epidemiological links (Risk level)	Presence Pagkakar	<b>Suspected case</b> <b>Pasyente na</b>	<b>Not applicable</b> <b>Hindi kabilang</b>
Classification Dibisyon		Monkeypox clinical signs and symptoms Klinikal na sintomas at palatandaan bulutong unggoy											
		Meet clinical criteria Naaayon	Fail to meet clinical criteria (Atypical symptoms) Hindi naaayon(hindi tiyak ang sintomas)										
Epidemiological links (Risk level)	Presence Pagkakar	<b>Suspected case</b> <b>Pasyente na</b>	<b>Not applicable</b> <b>Hindi kabilang</b>										

★ Admitted in the isolated ward and subject to testing

★Ikuwarentina

Kinakailangan ng

pagsusuri	Mekanikal	oon	pinaghihinalaang may virus	
	Pagkaka-ugnay (antas ng panganib)	Absence Kawalan	Not applicable Hindi kabilang	Not applicable Hindi kabilang

※ 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.

※**Kahit na walang koneksyong epidemiolohiko, kung ang resulta ng pagpapagamot kliniko sa nakakahawang sakit, anal, urolohiya, dermatolohiya ay pinaghihinalaan sa bulutong unggoy ay maaaring mauri bilang pasyente ng doctor. Gayunpaman, dapat muling kumpirmahin ang kaso ng mga opisyal ng epidemiolohikong pagsisiyasat mula sa mga pamahalaang pangrehiyon at mga pangrehiyong Sentro ng Tagapamahala ng Sakit at Ahensiya sa pagpigil upang tukuyin kung tinutugunan ng kaso ang mga saligan ng pagsisiyasat ng kaso kabilang ang mga epidemiolohikong kaugnayan at eksklusibong diagnosis.**

5.3 Patient transfer 5. Paglipat ng pasyente	Patient transfer Kaalaman sa paglipat	<input type="radio"/> Transfer <input type="radio"/> NOT necessary (becuase the medical institution has isolation bed units) ) <input type="radio"/> NOT eligible(not a case) <input type="radio"/> kailangang ilipat <input type="radio"/> hindi kinakailangan (ang institusyong medikal ay mayroong silid para sa kwarantina) <input type="radio"/> Hindi naaayon(hindi kabilang)
	Means of transport Paraan ng paglipat	<input type="radio"/> Public Health Center <input type="radio"/> Quarantine Station <input type="radio"/> 119 Ambulance <input type="radio"/> Other: _____ <input type="radio"/> Sentro ng pampublikong kalusugan <input type="radio"/> Sentro ng kwarantina <input type="radio"/> 119ambulansya <input type="radio"/> Iba pa: _____

5.4 Quarantine 5.4 Kwarantina sa ospital	Location of isolation Lugar ng kwarantina	<input type="radio"/> Government-designated inpatient treatment beds <input type="radio"/> Negative pressure isolation beds in general hospitals <input type="radio"/> Other (specify: _____ ) <input type="radio"/> Pagamutan na tinalaga na mayroon kwanrantina <input type="radio"/> Karaniwang ospital na mayroon kulob na silid para sa pasyente <input type="radio"/> Iba pa( _____ )
	Name of Medical Institution Pangalan ng institusyong medikal	

	Start date of Isolation Petsa ng simula ng kwarantina	____/____/____(YYYY/MM/DD) Time: Taon Buwan Araw Oras
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<b>5. Laboratory test</b> <b>6. Pagsusuri sa laboratoryo</b>		📖 Choose any relevant items below 📌 Sa naaayon, markahan ng ✓ o isulat		
6.1 Diagnostic tests 6.1 Pagsasagawa ng pagsusuri		<div> <input type="radio"/> Yes           <input type="radio"/> No         </div> <div> <input type="radio"/> Hindi isinagawa           <input type="radio"/> Isinagawa         </div>		
	Sample (+) Sample (+)	Date of specimen collected (YYYY/MM/DD) Petsa ng pagkuha ng sample ____/____/____ Taon Buwan Araw	Name of agency conducting laboratory test Tanggapan ng tagasuri	Test result Resulta at Uri ng pagsusuri
Type of specimen Uri ng pagsusuri	<input type="radio"/> Skin lesion fluid <input type="radio"/> Not performed <input type="radio"/> Likido sa sugat sa balat  <input type="radio"/> Hindi isinagawa	____/____/____ (YYYY/MM/DD) Taon Buwan Araw	<input type="radio"/> Korea Disease Control and Prevention Agency <input type="radio"/> Public Health and Environment Research Institute <input type="radio"/> Sentro ng tagapamahala sa sakit  <input type="radio"/> Institusyon ng Pananaliksik sa kalusugan at kapaligiran	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending <input type="radio"/> In progress <input type="radio"/> Other ( ) <input type="radio"/> positibo <input type="radio"/> negatibo <input type="radio"/> hindi napagpasiya <input type="radio"/> nasa proseso <input type="radio"/> Iba pa( )
	<input type="radio"/> Skin lesion tissue <input type="radio"/> Not performed <input type="radio"/> Tissue ng sugat sa balat  <input type="radio"/> Hindi isinagawa			<input type="radio"/> Korea Disease Control and Prevention Agency <input type="radio"/> Public Health and Environment Research Institute <input type="radio"/> Sentro ng tagapamahala sa sakit  <input type="radio"/> Institusyon ng Pananaliksik sa kalusugan at kapaligiran

	<div><div><input type="radio"/> Scab</div><div><input type="radio"/> Not performed</div><div><input type="radio"/> Balat ng sugat</div><div><div><input type="radio"/></div><div>Hindi isinagawa</div></div></div>	<div><div><div><div>____/____/____</div><div>(YYYY/MM/DD)</div></div><div>TaonBuwanAraw</div></div></div>	<div><div><div><input type="radio"/> Korea Disease Control and Prevention Agency</div><div><input type="radio"/> Public Health and Environment Research Institute</div></div><div><input type="radio"/> Sentro ng tagapamahala sa sakit</div><div><input type="radio"/> Institusyon ng Pananaliksik sa kalusugan at kapaligiran</div></div>	<div><div><input type="radio"/> Positive</div><div><input type="radio"/> Negative</div><div><input type="radio"/> Pending</div><div><input type="radio"/> In progress</div><div><input type="radio"/> Other ( )</div><div><input type="radio"/> positibo</div><div><input type="radio"/> negatibo</div><div><input type="radio"/> hindi napagpasiya</div><div><input type="radio"/> nasa proseso</div><div><input type="radio"/> Iba pa( )</div></div>
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	<input type="radio"/> Other ( ) <input type="radio"/> Not performed <input type="radio"/> Iba pa( ) <input type="radio"/> Hindi isinagawa	____/____/____ (YYYY/MM/DD) Taon Buwan Araw	<input type="radio"/> Korea Disease Control and Prevention Agency <input type="radio"/> Public Health and Environment Research Institute <input type="radio"/> Sentro ng tagapamahala sa sakit <input type="radio"/> Institusyon ng Pananaliksik sa kalusugan at kapaligiran	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending <input type="radio"/> In progress <input type="radio"/> Other ( ) <input type="radio"/> positibo <input type="radio"/> negatibo <input type="radio"/> hindi napagpasiya <input type="radio"/> nasa proseso <input type="radio"/> Iba pa( )

<b>7. Contact Status</b> <b>7. Istado ng pagka-ugnay</b>		📖 Choose or fill out any relevant items below 📖 Sa naaayon markahan ng ✓o isulat	
7.1 Contacts (Have you had contact with anyone after the onset of symptoms?) 7.1 Istado ng pagka-ugnay	<input type="radio"/> Yes (If yes, please follow through all questions below in Section 7. Contacts Status) <input type="radio"/> No <input type="radio"/> Wala <input type="radio"/> Meron 📖 sagutan sa ibaba		
	How many contacts the case has had since the onset of symptoms? Naka-ugnay ng pasyente pagkatapos nagsimula ang sintomas		📖 Total person(s) 📖 Total tao
	•Family members and live-in person(s) • Pamilya at kabahay	person(s) tao	
	•Those from medical institution(s) (Institution(s) Name: ) • Naka-ugnay sa medikal na institusyon(Pangalan ng institusyon: )	person(s) tao	
	•People commuted/traveled via the same transport (Specify: ) • Taong gumagamit ng parehong paraan ng transportasyon(Uri )	person(s) tao	
	•Other ( ) • Iba pa( )	person(s) tao	
* 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 * Ang pagsisiyasat sa taong nakaugnay at ang detalyadong katayuan ay may hiwalay na papel. Gamitin ang papel ng pagsusuri sa naka-ugnay at nalantad na tao.			

	* Sumangguni sa nakasulat na alituntunin ng paglagay ng mga naayong sagot ng taong naka-ugnay at oras ng palagay sa web system
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<b>8. Final decision</b> <b>8. Kahulihulihang konklusyon</b>	Choose or fill out any relevant items below <b>Sa naayon markahan ng ✓ o isulat</b>
8.1 case management result 8.1 Resulta ng nasagawang aksyon	<input type="radio"/> Under treatment <input type="radio"/> Discharged after recovery ( __/__/__(YYYY/MM/DD) <input type="radio"/> Died __/__/__(YYYY/MM/DD) <input type="radio"/> Nagpapagamot <input type="radio"/> Nakalabas ng ospital matapos gumaling (Taon Buwan Araw) <input type="radio"/> Pumanaw ( Taon Buwan Araw)
8.2 Final result 8.2 Kahulihulihang resulta	<input type="radio"/> Confirmed case <input type="radio"/> Suspected case <input type="radio"/> Not a patient (Diagnosis: ) <input type="radio"/> Pasyente <input type="radio"/> Pasyenteng pinaghihinalaan na may virus <input type="radio"/> Hindi pasyente(sakit batay sa pagsusuri: )
	If case is confirmed as 'monkeypox patient', indicate clinical characteristics: 'Sa kaso ng 'pasyente',uri batay sa klinikal::

<b>9. Contact tracing</b> <b>9.Pagsubaybay</b>	Choose or fill out any relevant items below <b>Sa naayon markahan ng ✓ o isulat</b>				
9.1 Contact tracing results 9.1 Resulta ng pagsubaybay	<input type="radio"/> Ongoing <input type="radio"/> Finished <input type="radio"/> Nasa proseso <input type="radio"/> Tapos na				
	Number of Contacts: Total person/s Patient: person (name: ) Bilang ng taong naka-ugnay: Total tao Nakaroon ng pasyente: tao(Pangalan: )				
	<table> <tr> <td>           Number of contacts in the live-in family ( person/s)            Bilang ng naka-ugnay na kabahay na pamilya         </td><td> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Meron( tao)  <input type="radio"/> Wala         </td><td>           Number of contacts other than live-in family (incl. health care workers)            Bilang ng taong naka-ugnay maliban sa kabahay na pamilya            (Kabilang ang medikal na tauhan)         </td><td> <input type="radio"/> Yes ( person/s)  <input type="radio"/> No  <input type="radio"/> Meron( taon)  <input type="radio"/> Wala         </td></tr> </table>	Number of contacts in the live-in family ( person/s) Bilang ng naka-ugnay na kabahay na pamilya	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Meron( tao) <input type="radio"/> Wala	Number of contacts other than live-in family (incl. health care workers) Bilang ng taong naka-ugnay maliban sa kabahay na pamilya (Kabilang ang medikal na tauhan)	<input type="radio"/> Yes ( person/s) <input type="radio"/> No <input type="radio"/> Meron( taon) <input type="radio"/> Wala
Number of contacts in the live-in family ( person/s) Bilang ng naka-ugnay na kabahay na pamilya	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Meron( tao) <input type="radio"/> Wala	Number of contacts other than live-in family (incl. health care workers) Bilang ng taong naka-ugnay maliban sa kabahay na pamilya (Kabilang ang medikal na tauhan)	<input type="radio"/> Yes ( person/s) <input type="radio"/> No <input type="radio"/> Meron( taon) <input type="radio"/> Wala		
9.2 List of contacts 9.2 Listahan ng pangalan ng mga taong naka-ugnay					

Name (+)	Day of Birth	Gender	Relationship Relasyon	Date of the latest contact	Address (city, county, gu)		Nationality Nasyonalidad	Occupation Trabaho	Name of work place Pangalan ng Kompanya	Symptoms sintomas	Risk exposure level Katagorya ng pagkakaugnay	Quarantine status Dibisyon ng kwarantana	Smallpox Vaccination Kung bakunad sa bulutong
Pangalan (+)	Petsa ng kapanganakan	Kasarian		Petsa ng huling araw na nakaugnayan	Tirahan (Lalawigan/Gun/Distrito)	MobilenumberNumero							
			<input type="radio"/> Medical staff <input type="radio"/> Medical institution workers <input type="radio"/> Family <input type="radio"/> Colleague <input type="radio"/> Friend <input type="radio"/> Others <input type="radio"/> Medikal na tauhan	yr. mo. day			<input type="radio"/> Korean <input type="radio"/> Foreigner Nationals:( ) <input type="radio"/> Koreano	<input type="radio"/> ( ) Unemployed <input type="radio"/> Walang trabaho		<input type="radio"/> yes <input type="radio"/> none <input type="radio"/> Meron	<input type="radio"/> High risk <input type="radio"/> Medium risk <input type="radio"/> Low risk <input checked="" type="radio"/> Napakadelegrado <input type="radio"/> medyo delegrado <input type="radio"/> hindi gaanong delikado	<input type="radio"/> Not quarantined <input type="radio"/> Release of quarantine <input type="radio"/> Self-quarantine <input type="radio"/> Hospital quarantine <input type="radio"/> Cohort quarantine <input type="radio"/> hindi kailangang ikwarantina <input type="radio"/> natapos nang kwarantana <input type="radio"/> nakakwarentina <input type="radio"/> nakakwarentina sa ospital <input type="radio"/> pangkatangg kwarantina (cohort isolation)	<input type="radio"/> Non-vaccinated ( year) <input type="radio"/> Hindi bakunado <input type="radio"/> Bakunado ( Taon)
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Lalaki <input type="radio"/> Babae	<input type="radio"/> Mga manggagawa sa institusyong medikal  <input type="radio"/> Pamilya  <input type="radio"/> Katrabaho  <input type="radio"/> Kaibigan  <input type="radio"/> Iba pa				<input type="radio"/> Dayuhan  Pangalan ng bansa ( )			<input type="radio"/> Wala			