



Please write clearly in dark ink

## GP Details

Project code

ERCGP20

PHE Requestor code

## PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Sex  male  female

Date of birth

D D M M Y Y

## SAMPLE INFORMATION

Please enter the date you took the swabs below. This should be within  $\leq 10$  days of first symptom onset.

If you are a patient taking your own swabs, please check the details on the form and complete any unanswered questions. Enter the date you took the swabs below.

Date you took the swabs

D D M M Y Y

### SAFETY AND ADDITIONAL INFORMATION:

Some patients' specimens may present a higher risk to laboratory workers. Do you know or suspect that this patient may have a serious infectious disease, in addition to the infection that relates to this surveillance? If yes, PLEASE PROVIDE DETAILS BELOW together with any additional information.

## CLINICAL INFORMATION

Did the patient have any of the following that started in the last 10 days (tick all that apply)?

History of Fever?  Yes  No

Altered sense of taste/smell  Yes  No

Presence of new Cough  Yes  No

Presence of wheeze  Yes  No

Shortness of breath  Yes  No

(if aged  $\leq 5$  years)

Date the new illness started

D D M M Y Y

## COVID-19 VACCINATION from December 2020 onwards

Was the patient vaccinated with a COVID-19 vaccine?

Dose 1  Yes  No  NK If YES please give the date

D D M M Y Y

Batch  
number

Vaccine  
name

Dose 2  Yes  No  NK If YES please give the date

D D M M Y Y

## FLU VACCINATION from September 2020 onwards

Was the patient vaccinated with the current season's 2020\21 flu vaccine?

Yes  No  NK

If YES please give the date

D D M M Y Y

If YES, where was the patient vaccinated?

GP  pharmacy/ chemist  school  work  other

Source of information on the flu vaccine:

Patient record  Patient/Guardian history

## PATIENT DETAILS

The patient is a front line healthcare worker

Yes  No  NK

The patient works in a care home

Yes  No  NK

The patient lives in a care home

Yes  No  NK

The patient is a university student

Yes  No  NK

Would the patient be happy for a healthcare professional from Public Health England to get in touch to find out more

about their illness?  Yes  No

If YES, contact telephone number/ email

## REFERRED BY

Name

I have explained to the patient the RCGP enhanced Surveillance Programme and that the patient has consented to take part and for the information to be used by RCGP and Public Health England for the purpose of surveillance