Name _____	Date of ICF ___ . ___ . _____

Visit 1 –Day 0	
Date	
Sex	M □ F □
Date of birth	
Ethnicity	White □ Black □ Hispano-American □ Asian □ Other □
Height (cm)	
Body weight (kg)	
BMI	
Ward	Internal medicine ward □ ICU □
Previous COVID-19	□ YES _____(date) □ NO
First naso-pharyngeal swab	Date _____

Clinical Record	Value
Blood pressure	
Heart Rate	
Body temperature °C	
Respiratory rate	
O2 saturation in air	
O2 saturation with oxygen	
Oxygen mask	□ YES □ NO
Mechanical ventilation	□ YES □ NO
Early Warning Score	

Data Entry: Date and Initials of DM _____

Anamnesis	Yes	No	Therapy	Dose
Hypertension				
Diabetes				
Atrial fibrillation				
Previous myocardial infarction				
Preexisting lung disease (Asthma, COPD)				
Chronic kidney failure				
Obesity				
Rheumatological disease				
Oncological disease				
Other				
Other				

Symptoms at onset	YES	NO	Days before hospitalization
Fever			
Cough			
Fatigue			
Nasal congestion			
Smell alteration			
Taste alteration			
Dyspnea			
Conjunctivitis			
Diarrhea			
Muscular exertion			
Other			

Laboratory records	Value	Unit of Measure
Hemoglobin		
Leucocytes		
Neutrophils		
Lymphocytes		
Thrombocytes		
AST		
ALT		
Bilirubin level		
aPTT		
D-dimers		
INR		
C Reactive Protein		
Procalcitonin		
Creatinine (Creatinine clearance)		

Radiology records	Date of examination	Result
ECG		☐ Normal ☐ Abnormal – Please Specify
Heart ultrasound		☐ Normal ☐ Abnormal – Please Specify
Chest radiography		☐ Normal ☐ Abnormal – Please Specify
Chest ultrasound		☐ Normal ☐ Abnormal– Please Specify

Chest Tomography		☐ Normal ☐ Abnormal – Please Specify
Abdomen ultrasound		☐ Normal ☐ Abnormal – Please Specify

During Hospitalization		
Therapy	Drug Name	Dose
Antibiotic		
Retroviral therapy		
Plaquenil	☐ YES ☐ NO	
Tolicizumab	☐ YES ☐ NO	
Remdesivir	☐ YES ☐ NO	
Other		
Other		
Other		
Other		

BIOBANK	
KIT used	☐ YES ☐ NO
Code	