



<b>C</b>	<b>O</b>	<b>V</b>
----------	----------	----------

--	--	--

Visit	Date
<input type="checkbox"/> Visit 2 (day 7)	
<input type="checkbox"/> Visit 3 (day 14)	
<input type="checkbox"/> Visit 4 (day 21)	
<input type="checkbox"/> Visit 5 = At any Clinical Change	
<input type="checkbox"/> Visit 6 = Discharge	
<input type="checkbox"/> Follow Up 1 (Month 1)	
<input type="checkbox"/> Follow Up 2 (Month 2)	
<input type="checkbox"/> Follow Up 3 (Month 3)	
<input type="checkbox"/> Follow Up 4 (Month 6)	
<input type="checkbox"/> Follow Up 5 (Month 12)	
<input type="checkbox"/> Unscheduled (Please specify)	
<input type="checkbox"/> Unscheduled (Please specify)	
<input type="checkbox"/> Unscheduled (Please specify)	

Data Entry: Date and Initials of DM

\_\_\_\_\_



<b>C</b>	<b>O</b>	<b>V</b>
----------	----------	----------

--	--	--

Clinical Record	Value
Ward	Internal medicine ward <input type="checkbox"/> ICU <input type="checkbox"/>
Blood pressure	
Heart rate	
Body temperature °C	
Respiratory rate	
O2 saturation in air	
Oxygen mask	<input type="checkbox"/> YES <input type="checkbox"/> NO
O2 saturation with oxygen mask	
Mechanical ventilation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Early Warning Score	

Anamnesis	Yes	No	Therapy	Dose
Hypertension				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Diabetes				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Atrial fibrillation				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Previous myocardial infarction				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Preexisting lung disease (Asthma, COPD)				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Chronic kidney failure				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Obesity				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____



<b>C</b>	<b>O</b>	<b>V</b>
----------	----------	----------

--	--	--

Oncological disease				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Rheumatological disease				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Other				<input type="checkbox"/> Unchanged since last visit <input type="checkbox"/> _____
Symptoms since last visit	YES	NO	Duration	
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		



<b>C</b>	<b>O</b>	<b>V</b>
----------	----------	----------

--	--	--

AST		
ALT		
Bilirubin level		
aPTT		
INR		
C Reactive Protein		
D-dimers		
Procalcitonin		
Creatinine (creatinine clearance)		

During Hospitalization		
Therapy	Drug Name	Dose
Antibiotic		
Retroviral therapy		
Plaquenil	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tolicizumab	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Remdesivir	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		
Other		
Other		
Other		



<b>C</b>	<b>O</b>	<b>V</b>
----------	----------	----------

--	--	--

Clinical Outcome	
Discharge	
Days of hospitalization	
Death	

BIOBANK	
KIT used	<input type="checkbox"/> YES <input type="checkbox"/> NO
Code	