Appendix 11: Facility Isolation Register

FACILITY ISOLATION REGISTER

Name of Facility:

SURNAME	FIRST NAME	Nationality	Age	Sex	Contact #	Physical Address	Date Suspect Status	Confirmed Case (Y/N)	Date Confirmed Case	Date of Isolation	Residential Address after quarantine	Transferred to hospital (Y/N)	Date of transfer	First negative date	Second negative date	Discharge date