

Organization Information

Organization Type

Government

Designation

Organization Name

TIACAO

Level

Service Date[Y/MM]

Personal Information:

Full Name

Gender

Age in year

Contact Number (Phone)

Current Address:

Province

District

Ward

Tole

Permanent Address:

Same as current address

Province

District

Ward

Tole

Citizenship / Passport / Organization No / License No

Issue authority / District

Are you health worker?

No

Yes

Health Related Information

Allergies

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Health / diseases

- DIABETES
- HTN
- HERMODIALYSIS
- IMMUNOCOMPROMISED
- PREGNANCY
- MATERNITY
- HEART DISEASE
- LIVER DISEASE
- NERVE DISEASE
- KIDNEY DISEASE
- MALNUTRITION
- AUTO IMMUNE DISEASE
- IMMUNODEFICIENCY
- CHRONIC LUNG ILLNESS

Are you covid infected?

- NO Yes