

COVID-19 Discharge Summary

Patient Details

Name: _____

Age/Sex: _____ / _____

Medical Record No.: _____

Date of Admission: _____ / _____ / _____

Date of Discharge: _____ / _____ / _____

Diagnosis

- COVID-19 (SARS-CoV-2 infection)
- Other comorbidities: _____

Clinical Summary

Presenting Symptoms _____

Course in Hospital

Treatments Given

Investigations

Date of SARS-CoV-2 Diagnosis _____ / _____ / _____

RT-PCR/Antigen Test Result Positive / Negative

Other Relevant Labs _____

Imaging _____

Condition on Discharge

- Afebrile for > 3 days
- Normal oxygen saturation
- Symptoms resolved / improved
- Other: _____

Advice on Discharge

- Continue home isolation for _____ days as per local guidelines.
- Monitor for any new or recurrent symptoms.
- Follow-up at: _____
- Medications prescribed: _____

Date: _____ / _____ / _____

Doctor's Name & Signature: _____

Seal: _____