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|---|---|---|
| **Skin Manifestations in COVID-19 Patients** | **Proforma** |   |
| **1. Patient Details:** |   |   |
| **2. Gender:** | Male | Female |
| **3. Ethnicity:** |   |   |
| **4. COVID-19 swab result:** | Pending | Positive |
| **5. Is rash a presenting symptom:** | Yes | No |
| **6. When did the rash appear (in days):** |   |   |
| **7. Other symptoms:** |   |   |
| Cough |   |   |
| Fever |   |   |
| SOB |   |   |
| Nasal congestion |   |   |
| Loss of Taste |   |   |
| Loss of Smell |   |   |
| **8. Does the patient have any pre-existing skin disease? (name of condition)** |   |   |
| **9. Recent medication? (please indicate name and when started)** |   |   |
| **10. Photograph of the rash taken:** | Yes | No |
| **11. Patient consent obtained for photograph:** | Yes | No |