

ORAL EXAMINATION PROFORMA

1. Patient Name:
2. Patient ID:
3. Age/Sex:
4. Date of Admission:
5. Tested Positive On (Date):
6. Previous/ Ongoing Medication:
7. Habits:
8. Symptoms:

ILI	SARI	ANY OTHER
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9. Alteration in taste: YES / NO
10. Xerostomia: YES / NO
11. Examination of Oral Mucosa

Labial Mucosa						
Macules		Erythema	Ulcers			Any other findings
Size	Borders		Number	Size	Margins	

Buccal Mucosa						
Macules		Erythema	Ulcers			Any other findings
Size	Borders		Number	Size	Margins	

Gingiva						
Spontaneous Bleeding	Erythema	Ulcers			Desquamation	Any other findings
		Number	Size	Margins		

Tongue				
Inflammation		Erythema	Depapillation	Any other findings
Present	Absent			

Hard Palate / Soft Palate						
Macules		Erythema	Ulcers			Any other findings
Size	Borders		Number	Size	Margins	

Floor of the Mouth						
Macules		Erythema	Ulcers			Any other findings
Size	Borders		Number	Size	Margins	

Salivary Ductal Opening			
Stenson's Duct		Wharton's Duct	
Inflammed	Normal	Inflammed	Normal

12. Sample taken (with swab):

Site:

Control: