

Notification of the COVID-19 Outcome in an Patient

Name of the medical treatment institution _____

Code □□□□□□□□

Given name, surname of the physician _____ Telephone □□□□□□□□

1. Given name, surname of the patient _____

2. Personal identity number □□□□□□ - □□□□□□ or date of birth □□.□□.□□□□.

3. Sex: female male
age (years): □□□

4. Actual place of residence _____

5. Admission date □□.□□.□□□□.

6. Name of the institution _____

7. Admission diagnosis _____

8. If admitted to ICU, date □□.□□.□□□□.

9. Discharge from ICU, date □□.□□.□□□□.

10. Supporting therapy:
 oxygen therapy
 pulmonary artificial ventilation
 ECMO

11. Outcome:
 discharged
 deceased

12. Date of discharge or death: □□.□□.□□□□.

13. Date of the laboratory determination of SARS-CoV-2: □□.□□.□□□□.

14. Chronic illnesses and other risk factors:

- yes (mark)
- none
- not known
- cardiovascular disease
- diabetes mellitus
- hypertension
- oncological illness
- asthma
- tuberculosis
- pulmonary disease
- immunosuppression, including HIV
- liver disease
- immunosuppression due to the use of medicinal products
- renal disease
- adiposity
- neurological or neuro-muscular disease
- pregnancy (weeks)
- asplenia
- post-natal period up to 6 weeks
- other

15. Complications:

- ARDS
- bacterial pneumonia
- acute renal deficiency
- bronchiolitis
- other secondary bacterial infection
- heart failure
- myocarditis
- sepsis
- multiple organ failure
- encephalitis
- Kawasaki syndrome
- other

16. Has patient has used any medicinal products before onset of the disease:

- yes (mark)
- no
- not known
- angiotensin-converting-enzyme (ACE)
inhibitors _____
- angiotensin II receptor blockers
(ARB) _____
- non-steroidal anti-inflammatory
substances _____

17. Other agents have been determined for the patient in laboratory:

- yes (mark)
- no
- not known

Clinical material _____

Agent _____

18. Vaccination against influenza and pneumococcal infection:

against influenza in this season:

- vaccinated
- not vaccinated
- not known

against pneumococcal infection:

- vaccinated
- not vaccinated
- not known

19. If the patient has died,

has an autopsy been performed:

- yes (mark)
- no
- not known

Autopsy result _____

20. Cause of death in the medical certificate according to the ICD-10:

Part I , , ,

Part II , , ,

Part III , , ,

21. Additional information _____

Fill-in date* ...

Signature of the physician* _____

Seal*

Note. * The details of the document “signature”, “date”, and “seal” shall not be completed if the electronic document has been drawn up in accordance with the laws and regulations regarding drawing up of electronic documents.

Minister for Health

I. Viņķele

Annex 2
Cabinet Regulation No. 360
9 June 2020

Report on Immunisation and the Order of COVID-19 Vaccines
[2 February 2021]

Vaccination Priority Groups

[18 February 2021; 4 March 2021; 24 March 2021; 8 April 2021; 13 April 2021;
20 April 2021; 27 April 2021; 29 April 2021]

Vaccination priority group	Groups of persons to be vaccinated
Group I	Health care professionals, including medical practitioners, medical treatment support persons, and employees who ensure care for COVID-19 patients, including employees of the State Emergency Medical Service; medical practitioners, medical treatment support persons, and employees working in hospitals and other medical treatment institutions, and also service providers of medical treatment institutions that ensure the continuity of health care services; general practitioners and general practices; outpatient care specialists and support persons; pharmacists, pharmacists' assistants who work in pharmacies, other employees of pharmacies and medicinal product wholesalers that ensure the distribution, logistics, and continuous availability of medicinal products, including vaccines; medical students (Rīga Stradiņš University, University of Latvia, colleges) who come into direct contact with patients in a medical treatment institution during studies; medical practitioners in educational institutions; inspectors of the Health Inspectorate who control the safety of services in social care centres and medical treatment institutions, including vaccination institutions, and also control the activities of pharmacies
	After medical indications – patients for whom serious medical manipulations are necessary according to a decision of a physician, including high-cost or high-complexity surgeries (for example, oncology patients before or during chemotherapy, patients and donors before organ or stem cell transplantation, and patients who stay in inpatient medical treatment institution for long periods)
Group II	Employees and clients of long-term social care centres (and other service providers having equivalent risks)
	Officials the vaccination of which is required to ensure the continuity of national security and operation of State in accordance with the Cabinet decision
Group III	Elderly who are more than 70 years old
	Persons with chronic diseases and other physical and mental disorders associated with high risk health disorders caused by COVID-19 (according to the recommendations for organising vaccination for persons with chronic diseases that are published on the website of the Centre for Disease Prevention and Control)
	Persons who live in one household with children who have chronic diseases and immunodeficiency disorders
	Persons who ensure home care for seriously ill persons

Group IV	Persons at the age of 60–70 years
	Teachers and employees of pre-school, special education institutions and of grades 1 to 6 who, during performance of work duties, come into close contact with children, and also teachers who are recommencing work on site
	Participants of Tokyo (Japan) Olympic and Paralympic Games, candidates to such games, servicing sports employees, accredited Latvian mass media representatives who will cover the Tokyo Olympic Games, athletes of the Latvia men's national ice hockey team and servicing sports employees, and also the employees involved in the organisation of the 2021 IIHF Men's Ice Hockey World Championship
	Critical employees involved in ensuring the local government elections on 5 June 2021
Group V	Employees of educational institutions who, during performance of work duties, are in close contact with educatees (except for teachers and employees of pre-school, special education institutions and of grades 1 to 6 who, upon performing work duties, come into close contact with children)
	Employees of operational services, including State Police and municipal police officers; Border Guard officers; SRS operational staff, customs officers; employees of the SFRS
	Employees of the Prisons Administration/State Probation Service
	Employees of the Corruption Prevention and Combating Bureau
	The National Armed Forces (including the National Guard)
	Critical energy supply and information and communication technologies merchants
	Critical employees of the <i>Saeima</i>
	Critical employees of the Bank of Latvia
	Employees of critical market surveillance institutions
	Critical employees of the transport sector
	Critical representatives of the field of culture and education
	Critical employees in the field of environmental protection
	Critical employees of Orphan's and Custody Courts, social services, and social care centres, and also psychologists who come into close contact with clients upon performing work duties
	Critical employees of water management sector
	Research workers who work with coronaviruses, other pathogenic viruses and experimental animals, and also who are developing new vaccines
	Persons who are undertaking training in provision of first aid on site in accordance with the Cabinet Regulation No. 557 of 14 August 2012, Regulations Regarding Training in Provision of First Aid
Critical employees of the fur farming sector	
Group VI	Persons who stay in special institutions, including the clients of shelters, persons in prisons
Group VII	[29 April 2021]
Group VIII	[29 April 2021]
Group IX	All other members of the society who have not yet received vaccination

Vaccination Consent Form

Institution performing vaccination _____
(name and registration code)

Patient _____ personal identity number -
(given name, surname)

Please answer the following questions regarding your health condition (*circle as appropriate*):

1.	Do you have an allergy to any of the components of the vaccine (polyethylene glycol (PEG) or other components containing pegylated molecules, lipids)?	Yes	No
2.	Have you ever had anaphylactic reactions (severe allergic reaction) to any vaccine or an injectable medication?	Yes	No
3.	Do you experience any symptoms of acute infection at the moment, do you have temperature or other complaints about well-being?	Yes	No
4.	Do you use immunosuppressive agents, glucocorticoids, biological medicinal products, beta blockers?	Yes	No
5.	Are you pregnant?	Yes	No
6.	Are you breastfeeding?	Yes	No
7.	Have you received any other vaccination in the last 14 days?	Yes	No
8.	Have you been diagnosed with COVID-19 infection in the last month?	Yes	No
9.	Have you received COVID-19 treatment in the last 90 days?	Yes	No

The patient confirms that:

- all the questions are answered;
- he or she has received information on vaccination;
- information on vaccination is understandable, including information on possible adverse reactions and complications, their frequency, and actions if such will be observed after vaccination.

Patient (or his or her legal authorised representative) _____
(signature and full name)

Date _____

Notes of the medical practitioner and the decision to allow or refuse vaccination

Medical practitioner performing vaccination _____
(position, given name, surname)

Date _____

APLIECINĀJUMS PAR PERSONAS VAKCINĀCIJU PRET COVID-19
CERTIFICATE OF VACCINATION AGAINST COVID-19 IN LATVIA

VĀRDS, UZVĀRDS

NAME,

SURNAME _____

DZIMŠANAS DATUMS (dd/mm/gggg)

DATE OF BIRTH (dd/mm/yyyy) _____/_____/_____

LV PERSONAS KODS

LV PERSONAL CODE _____-_____

VAKCĪNAS NOSAUKUMS

NAME OF VACCINE _____

VAKCĪNAS SĒRIJAS NR.

SERIAL NUMBER _____

VAKCINĀCIJAS STATUSS

STATUS IN VACCINATION

UZSĀKTA

STARTED

PABEIGTA

COMPLETED

VAKCINĀCIJAS DATUMS (dd/mm/gggg)

DATE OF VACCINATION (dd/mm/yyyy)

1. DEVA

1st DOSE

_____/_____/_____

2. DEVA

2nd DOSE

_____/_____/_____

(ja ir nepieciešama 2. deva)

(when 2nd dose is required)

APLIECINĀJUMA IZSNIEGŠANAS DATUMS (dd/mm/gggg)

CERTIFICATE ISSUE DATE (dd/mm/yyyy)

_____/_____/_____

ĀRSTNIECĪBAS IESTĀDES NOSAUKUMS

NAME

OF

HEALTHCARE

INSTITUTION _____

ĀRSTNIECĪBAS PERSONA

HEALTHCARE PROVIDER _____

(specialitāte, vārds, uzvārds)

(speciality, name, surname)

(paraksts)

(signature)

Ārstniecības iestāde var papildināt veidlapu ar citu nepieciešamo informāciju.
The healthcare institution may supplement the form with other necessary information.

COVID-19 Testing Report

1.	Country of the person's identifier or issuing country of the presented identity document of the patient
2.	If the issuing country of the document presented is Latvia, the personal identity number of the patient
3.	If the issuing country of the document presented is not Latvia, the foreign personal identity number of the patient or personal registration number
4.	Given name of the patient
5.	Surname of the patient
6.	Date of birth of the patient
7.	Sex of the patient
8.	Address of the place of stay in Latvia of the patient
9.	Telephone number of the patient with an area code
10.	E-mail of the patient
11.	Contact persons of the patient (contact person type, contact details)
12.	Person ordering the COVID-19 testing
13.	If the COVID-19 testing is ordered by the Centre for Disease Prevention and Control or Health Inspectorate, the name of the group to be tested (for example, name of the undertaking, school) and contact details
14.	Information on the referral to COVID-19 testing:
14.1.	payer for the COVID-19 testing
14.2.	subject of the COVID-19 testing
14.3.	type of the COVID-19 testing
14.4.	name of the COVID-19 rapid antigen test
14.5.	manufacturer of the COVID-19 rapid antigen test
15.	Unique identifier of the sample
16.	Sample type
17.	Date and time of taking the sample
18.	Medical practitioner who is responsible for the COVID-19 test result (given name and surname)
19.	Identifier assigned by the Health Inspectorate to the medical practitioner who is responsible for the COVID-19 test result
20.	Name, code, address, and telephone number of the medical treatment institution
21.	Status of the COVID-19 test result
22.	Date and time of the COVID-19 test result
23.	COVID-19 test result
24.	Information on the strain of virus to be identified

