

1. Patient Information

Client Patient ID: (if available)

First Name:

Middle Name:

Surname:

Gender: ☐ M ☐ F

Date of Birth (DD/MM/YYYY): / /

Age: ☐ years ☐ months

Address:

Phone: Country:

2. Residential Status

☐ Resident ☐ Visitor (Tourist) ☐ Visitor (Business)

Country of origin:

Country visited in the last 14 days:

3. Immunization History

☐ BCG DD MM YYYY ☐ HBV DD MM YYYY

COVID-19 ☐ 1st DD MM YYYY ☐ 2nd DD MM YYYY

☐ DPT DD MM YYYY ☐ Polio DD MM YYYY

☐ YF DD MM YYYY

Other:

EPI No:**4. Referring Doctor**

Name:

Reporting Address:

Phone:

5. Date of Onset of Illness (DD/MM/YYYY)

/ /

6. Signs, Symptoms and Syndromes

☐ AFP ☐ Genital lesions

☐ Altered mental state ☐ Haemorrhagic symptoms

☐ Chills ☐ Hepatomegaly

☐ Circulatory collapse ☐ HIV +ve

☐ Conjunctivitis ☐ Jaundice

☐ Convulsions ☐ Kernig's sign

☐ Coryza ☐ Lymphadenopathy

☐ Cough ☐ Nausea

☐ Diarrhoea, Acute ☐ Neck Stiffness

☐ Diarrhoea, Chronic ☐ Pain

☐ Failure to Thrive ☐ Paralysis

☐ Fever ☐ Rash

☐ Fever (Undifferentiated) ☐ Respiratory, Lower

☐ Fever And Haemorrhagic ☐ Respiratory, Upper

☐ Fever And Neurological ☐ Shortness of breath

☐ Fever And Rash ☐ Sore Throat

☐ Fever And Respiratory or Acute Respiratory Infection ☐ Vomiting

☐ Gastroenteritis ☐ Weakness of limbs

☐ Genital discharge ☐ Weight Loss

Other:

7. Case Status

☐ Outbreak ☐ Single ☐ Survey ☐ Unknown

8. Case Outcome

☐ Patient Died ☐ Patient Hospitalized ☐ N/A

9. Additional Notes/Provisional Diagnosis

¹ information on risk factors, lab findings, etc.

10. Food/Animal/Environment Sample Details

Type of food/env sample:

Where specimen(s) collected

☐ Outbreak ☐ Traceback ☐ Survey ☐ Other

| Specimen Details | | Specimen 1 | Specimen 2 | Specimen 3 |
|---|---------------------------------|------------|------------|------------|
| | Date of Collection (DD/MM/YYYY) | | | |
| | * Sample Type | | | |
| | Client Sample ID | | | |
| | Lab Analyses/ Test(s) Requested | | | |
| *Sample Type: Serum; EDTA blood; Blood smear; Sputum; CSF; Swab; Urine; Stool; Tissue; Plasma (PPT); if other specify | | | | |

| Nat. Lab Test(s) Performed | | (1) | (2) | (3) |
|----------------------------|--|-----|-----|-----|
| | Date Received at Nat. Lab (DD/MM/YYYY) | | | |
| | Test(s) Performed | | | |
| | Date(s) Tested | | | |
| Laboratory Diagnosis | | | | |

(1)

(2)

(3)