

'SWINE INFLUENZA A' CASE INVESTIGATION FORM									
REPORTING CENTRE:					DATE OF REPORT: ___/___/___				
1. PATIENT INFORMATION				NATIONALITY:					
NAME				AGE (yrs)		SEX M F			
ADDRESS				TELEPHONE		CASE #			
2. CLINICAL DATA									
DATE OF ONSET OF ILLNESS ___/___/___					IMMUNIZATION HISTORY				
SYMPTOM	Y	N	SYMPTOM	Y	N	SYMPTOM	Y	N	NUMBER OF DOSES
FEVER			SORE THROAT			REYE'S SYNDROME			INFLUENZA VACCINE
HEADACHE			COUGH			OTHER			
PROSTRATION			PNEUMONIA						DATE OF LAST DOSE
MYALGIA			DIZZINESS						___/___/___
IS/WAS THE PATIENT HOSPITALISED?				Y	N	DATES (S)	OUTCOME OF ILLNESS		
							SURVIVED:		
							DIED	DATE ___/___/___	
3. EXPOSURE HISTORY									
TRAVEL TO OTHER COUNTRIES IN THE LAST 3 WEEKS				Y	N	LIST COUNTRIES AND STATES TRAVELED	DATES TRAVEL		
Was there close contact with a case within the past 7 days?				DETAILS					
Is there a cluster of similar cases in the district									
4. LABORATORY DATA									
SPECIMEN	DATE COLLECTED	DATE RECEIVED	CONDITION	TEST	RESULT	DATE SENT	COMMENT		
Nasopharyngeal Swabs				Virus Isolation					
Nasal Washing				Virus Isolation					
				VI7FA					
Acute Blood				Serology					
Convalescent Blood				Serology					
5. FINAL CASE CLASSIFICATION									
SUSPECTED						DATE REPORTED:			
EPIDEMIOLOGICALLY CONFIRMED						TO WHOM:			
LABORATORY						ROUTE:			
						SIGNATURE:			