

Suspect Swine Flu Data Collection Form

Date: \_\_\_\_\_ Washtenaw County CD Unit: 734-544-6700 On call 891-4327

Name of Case: \_\_\_\_\_ Sex: M / F

DOB / Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (if under 18 yrs): \_\_\_\_\_

Address: \_\_\_\_\_

Reporting Facility and / or Physician & Contact Information: \_\_\_\_\_

Illness Onset Date: \_\_\_\_\_

Symptoms (circle all below):

If Female, Pregnant?: Yes / No      Fever      Cough      Sore Throat      Vomiting

Headache      Myalgia      Runny Nose

Health Care Worker?: Yes / No

Congestion      Diarrhea

Conjunctivitis

If Yes, Where?: \_\_\_\_\_ Other: \_\_\_\_\_

Case Travel History & Dates/Schools: \_\_\_\_\_

Know Other ill Individuals / Household Members with Similar Symptoms: Yes / No

If Yes, Who (relationship): \_\_\_\_\_

Contact's Travel History: \_\_\_\_\_

Contact's Illness Onset Date: \_\_\_\_\_

Contact's Symptoms: \_\_\_\_\_

Contact's Lab Testing Performed: \_\_\_\_\_

Was Case Hospitalized: Yes / No

If Yes, Where / Dates: \_\_\_\_\_

Have Antivirals Been Given: Yes / No

If Yes, What Type: \_\_\_\_\_

Date Started / # of Doses Taken: \_\_\_\_\_

Was a Rapid Flu Test Performed: Yes / No      Date of rapid flu test: \_\_\_\_\_

Rapid Flu Test Result: \_\_\_\_\_

Does Case Meet Current CDC Classification Definition: Yes / No

Additional Testing to be Done at MDCH: Yes / No

If Yes, PCR Swab Collection Date: \_\_\_\_\_

When is Specimen Being Sent / Expected to Arrive at BoL: \_\_\_\_\_

Type of Courier Being Used: \_\_\_\_\_

MDCH BoL Micro-Virology Test Requisition Completed / Included: Yes / No

Case Entered on MDSS Novel Influenza Form: Yes / No

MDSS ID#: \_\_\_\_\_

Case Entered on MDCH Swine Flu Line List (MDCH internal only): Yes / No

Other Case Notes: \_\_\_\_\_