Form Approved
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Dengue and chikungunya report form

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

DENGUE & CHIKUNGUNYA REPORT FORM

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SUSPECTED CHIK? Yes ☐ No ☐

Today's date: ______________ Day/Month/Year

Case number ☐☐☐☐☐☐

SAN ID ☐☐☐☐☐☐ GCODE ☐☐

Specimen #	Days post onset (DPO)	Type	Date Received	Specimen #	Days post onset (DPO)	Type	Date Received
S1			________	S3			________
S2			________	S4			________

Please read and complete ALL sections

Patient Data

Hospitalized due to this illness: No ☐ Yes ☐ → Hospital Name: Record Number:

Name of Patient: ______________________ (Last Name / First Name / Middle Name or Initial)

If patient is a minor, name of father or primary caregiver: ______________________ (Last Name / First Name / Middle Name or Initial)

Fatal: Yes ☐ No ☐ Unk ☐

Mental status changes: Yes ☐ No ☐ Unk ☐

Home (Physical) Address

Home address here

City: Zip code: __________ - __________

Tel: Other Tel:

Residence is close to:

Work address:

Physician who referred this case

Name of Healthcare Provider:

Tel: Fax: Email:

Do you want to receive laboratory results via Fax or Email?

Patient's Demographic Information

Date of Birth: ______________ Day/Month/Year

Age: __________ months Sex: M ☐ F ☐

or Age: __________ years Pregnant: Y ☐ N ☐ UNK ☐

Weeks pregnant (gestation): ☐

Who filled out this form?

Name (complete)

Relationship with patient:

Tel: Fax: Email:

Must have the following information for sample processing

Day/Month/Year

Date of first symptom: ______________

Date specimen taken:

First sample ______________

Second sample ______________

How long have you lived in this city? __________ Country of birth __________

During the 14 days before onset of illness, did you TRAVEL to other cities or countries?

☐ Yes, another country ☐ Yes, another city ☐ No ☐ Unknown

WHERE did you TRAVEL? ______________________

Are there any sick contacts in your household?

Yes ☐ No ☐

PLEASE indicate below the signs and symptoms that the patient had at the time of illness

	Yes	No	Unk
Fever lasting 2-7 days	☐	☐	☐
Fever (>38°C/101°F)	☐	☐	☐
Platelets ≤100,000/mm³	☐	☐	☐

Platelet count: ______________

Any hemorrhagic manifestation	Yes	No	Unk
Petechiae	☐	☐	☐
Purpura/Ecchymosis	☐	☐	☐
Vomit with blood	☐	☐	☐
Blood in stool	☐	☐	☐
Nasal bleeding	☐	☐	☐
Bleeding gums	☐	☐	☐
Blood in urine	☐	☐	☐
Vaginal bleeding	☐	☐	☐
Positive urinalysis (over 5 RBC/hpf or positive for blood)	☐	☐	☐

Tourniquet test ☐ Pos ☐ Neg ☐ Not done

Evidence of capillary leak

Lowest hematocrit (%)

Highest hematocrit (%)

Lowest serum albumin

Lowest serum protein ______________

Lowest blood pressure (SBP/DBP) ________/______

Lowest pulse pressure (systolic - diastolic) ________

Lowest white blood cell count (WBC) ________

Symptoms	Yes	No	Unk
Rapid, weak pulse	☐	☐	☐
Pallor or cool skin	☐	☐	☐
Chills	☐	☐	☐
Rash	☐	☐	☐
Headache	☐	☐	☐
Eye pain	☐	☐	☐
Body (muscle/bone) pain	☐	☐	☐
Joint pain	☐	☐	☐
Anorexia	☐	☐	☐

Warning signs	Yes	No	Unk
Persistent vomiting	☐	☐	☐
Abdominal pain/Tenderness	☐	☐	☐
Mucosal bleeding	☐	☐	☐
Lethargy, restlessness	☐	☐	☐
Liver enlargement >2cm	☐	☐	☐
Pleural or abdominal effusion	☐	☐	☐

Additional symptoms	Yes	No	Unk
Diarrhea	☐	☐	☐
Cough	☐	☐	☐
Conjunctivitis	☐	☐	☐
Nasal congestion	☐	☐	☐
Sore throat	☐	☐	☐
Jaundice	☐	☐	☐
Convulsion or coma	☐	☐	☐
Nausea and vomiting (occasional)	☐	☐	☐
Arthritis (Swollen joints)	☐	☐	☐
Missed school/work due to this illness.	☐	☐	☐
Unable to walk during this illness	☐	☐	☐