U.S. Department of Health and Human Services (HHS) OMB Control # 0920-XXXX

Centers for Disease Control and Prevention (CDC) Expiration Date XX/XX/XXXX

**Acute Respiratory Infection and Influenza Surveillance Form**

Wisconsin Influenza and Acute respiratory Infection Surveillance

Criteria for patient selection and testing

 **School ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DOB: \_\_\_ / \_\_\_ / \_\_\_**

* symptom onset within 4 days
* any two of the following
	+ rhinorrhea

**ORegon CHild Absenteeism due to Respiratory Disease Study**

* + nasal congestion
	+ sneezing
	+ sore throat
	+ cough
	+ fever

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**Days between illness onset and today’s visit:** \_\_\_\_ days

**Exposure to a similar illness 1-3 days prior to ARI onset?** Yes No

**Recent Travel?** Yes No **Recent Exposuree to Farm Animals?** Yes No

**Severity of Illness** (circle)**:** Mild Moderate Severe

**Ethnicity:**

-- Hispanic or Latino

-- Not Hispanic or Latino

**Race:** White American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander

**Measured Temperature** \_\_\_ oF **Antipyretic use within the last 6 hours?** Yes No

**Symptoms** (circle all that are present)**:**

Fever Chills Cough Wheezing Runny Nose

Sore Throat Malaise Myalgia Arthralgia Nasal Congestion

Headache Ear Pain Anorexia Vomiting Abdominal Pain

 Diarrhea Conjunctivitis Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Influenza antiviral treatment for this illness prior to this visit?** Yes No

**Seasonal influenza vaccine prior to this illness?** Yes No

Indicate Specimen Type(s) for PCR testing: nasopharynx posterior pharynx

 - - - - - - - - - - **ITEMS BELOW THIS LINE FOR LABORATORY ONLY** - - - - - - - -

 **Sofia Result:** 🞏 **flu A** 🞏 **flu B** 🞏 **both** 🞏 **negative** 🞏 **invalid**

 **Sample Code:** \_**ORCHARDS**\_ - \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_\_

 site week staff sample \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_