Reporting Centre:			Date of Report / / (dd/mm/yy)		
1. Patient information					
Name			Age (yrs)	Sex: M F	
Address		Phone #	D.O.B: / / (dd/mm/yy)		
Community (STATIN)			Case #	Occupation	
Date of onset of illness! / / (dd/mm/yy)					
Clinical features		Y	N	Clinical features	Y	N
Fever		◻	◻	Skin manifestations Describe:	◻	◻
Arthritis If yes, where:		◻	◻	Myalgia	◻	◻
	Hands	◻	◻	Back pain	◻	◻
	Feet	◻	◻	Headache	◻	◻
	Ankles	◻	◻	Nausea	◻	◻
	Other	◻	◻	Mucosal bleeding	◻	◻
Arthralgia		◻	◻	Vomiting	◻	◻
	Severe	◻	◻	Asthenia (generalized weakness)	◻	◻
Periarticular oedema		◻	◻	Other		
Risk Factors:						
Pregnancy		◻	◻	Other:	◻	◻
Diabetes		◻	◻		◻	◻
Cardiovascular diseases		◻	◻		◻	◻
Sickle Cell Disease		◻	◻		◻	◻
Clinical diagnosis:						

Is/was this patient hospitalised?	Y	N	Date (s)	Outcome of illness	
	◻	◻			

Resolution of symptoms	☐	☐			

3. Exposure and Travel History

	Y	N	Date	Details
Has the patient travelled to a chikungunya endemic/epidemic area within the past 3 weeks	☐	☐		
Has the patient been in contact with a chikungunya case within the past 3 weeks	☐	☐		
Places visited in the past 3 weeks – emphasis on places visited in the daylight hours				

4. LABORATORY DATA

Specimen	Date collected	Date rec'd	Condition	Test	Result	Date sent	Comment
First blood specimen				Virus Isolation			
				IgM ELISA			
Second blood specimen				IgG antibody by HAI test			
				RT-PCR			

5. ENVIRONMENTAL SURVEY

Community type	☐ Planned	☐ Unplanned
Aedes population :	☐ Aegypti	☐ Albopictus
Water supply:	☐ Piped	☐ Stored
Solid waste collection:	☐ Frequent (at least once weekly)	☐ Infrequent

AEDES INDICES - SURROUNDING COMMUNITY:

	Home	Workplace
Premises index:		
Container index:		
Breteaux index:		

INVESTIGATOR:

Name: Signature: Date:

TO BE COMPLETED BY THE MEDICAL OFFICER OF HEALTH

6. Final case classification: ☐Clinically Suspected – Not Confirmed
☐Epidemiologically Linked - Not Confirmed
☐Laboratory Confirmed – Imported
☐Laboratory Confirmed – Autochthonous
☐Discarded