JAMAICA: Laboratory Surveillance Investigation Form

September 2017

1. Patient Information

Last Name _____

First Name _____

Patient ID _____

Gender ☐ M ☐ F Age ___ ☐ years ☐ months

Date of Birth YYYY/MM/DD

Street ##- _____

City/Parish _____

Postal Code _____ Tel: _____

Travel History ☐Y ☐N Country Visited: _____

2. Referring Doctor

Consultant: _____

Attending Dr.: _____

Signature: _____

Reporting Address: HOSPITAL / WARD

Tel: _____ Fax: _____

Date Specimen Taken: YYYY/MM/DD

3. Provisional Diagnosis

(eg. Malaria, Influenza, Measles)

4. Food/Animal/Environment Sample Details *(if relevant)*

Specimen ID _____

Name of food/env sample _____

Where specimen(s) collected _____

☐ Outbreak ☐ Traceback ☐ Survey ☐ Other

5. Case/Specimen Status

☐ Single case ☐ Outbreak ☐ Survey ☐ Unknown

6. Date of Onset of Illness

YYYY/MM/DD

7. Outcome

Hospitalized? ☐ Y ☐ N ☐ DK

Died? ☐ Y ☐ N ☐ DK

8. Signs and Symptoms

☐ Fever → Temp: _____ → Onset: YYYY/MM/DD

☐ Rash → Location: _____ → Onset: YYYY/MM/DD

☐ Pain → Location _____

☐ Haemorrhagic symptoms → describe _____

☐ Paralysis→ Location: _____→ Onset: YYYY/MM/DD

☐ Altered mental state	☐ Hepatomegaly	**Chronic Conditions**
☐ Chills	☐ Jaundice	☐ Asthma
☐ Circulatory collapse	☐ Neck stiffness	☐ Autoimmune disease
☐ Conjunctivitis	☐ Lymphadenopathy	☐ Cancer
☐ Convulsions	☐ Kernig's sign	☐ Diabetes Mellitus
☐ Coryza	☐ Vomiting	☐ HIV / AIDS
☐ Cough	☐ Weakness of limbs	
☐ Diarrhoea	☐ Weight loss	
☐ Failure to thrive	☐ Other → specify	

9. Syndromic Classification

☐ Acute Flaccid Paralysis ☐ Fever & Rash

☐ Gastroenteritis ☐ Fever & Respiratory

☐ Fever & Hemorrhagic ☐ Fever & Neurologic

☐ Fever (undifferentiated)

10. Immunization History

EPI No: _____

BCG: ☐ Y ☐ N YYYY/MM/DD MR: ☐ Y ☐ N YYYY/MM/DD

DPT: ☐ Y ☐ N YYYY/MM/DD Polio: ☐ Y ☐ N YYYY/MM/DD

HBV: ☐ Y ☐ N YYYY/MM/DD YF: ☐ Y ☐ N YYYY/MM/DD

MMR: ☐ Y ☐ N YYYY/MM/DD Other‡: ☐ Y ☐ N YYYY/MM/DD

‡Specify _____

	*Serum; EDTA blood; Blood smear; Sputum; CSF; Swab; Urine; Stool; Tissue; Plasma (PPT); Food;Water;Animal;Environment; if other specify		
Physician / EHO Use	Specimen 1	Specimen 2	Specimen 3
*Type of Specimen			
Date Specimen Collected			
Lab Test(s) Requested			
Laboratory Use			
Date Received at Nat Lab			
Nat Lab Specimen ID			
Test(s) Performed			
Date(s) Tested			
Laboratory diagnosis			
Date Referred to CAREC			
Name of Testing Lab			

Approved by (Testing. Lab): _____ Date: _____

CARPHA USE: Specimen ID (1)_____ (2) _____ (3) _____