LEPROSY (HANSEN'S DISEASE) CASE INVESTIGATION FORM

Reporting Centre: Date of report / /

1. Patient information

Name	Age (yrs)	Sex M F
Address	Phone	Occupation

2. Clinical data

Date of onset / /

Immunization history

not applicable

Symptom	Y	N	Symptom	Y	N	Symptom	Y	N
Skin rash								
Hypopigmen -tation			Nerve Thickening					
Sensory loss								
Nodules								
Infiltration								

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

3. Exposure history

	Y	N	Date	Details
Childhood exposure				
Household contact				
Other prolonged contact				
Droplet exposure				
Other				

4. Laboratory data

Specimen	Date collected	Date rec'd	Condition	Test	Result	Date sent	Comment
Skin smear				Histology			
Biopsy				Histology			

5. Final case classification: Clinically confirmed:
Laboratory confirmed:

Date reported:
To whom:
Route:
Signature: