FORM- 5A

MINISTRY OF HEALTH & WELLNESS

52-56 KNUTSFORD BOULEVARD, KINGSTON 5, JAMAICA

HEALTH EMERGENCY OPERATION CENTRE

TELEPHONE NO. 876-633-8271 E-mail: eoc@moh.gov.jm/ mohneocja@gmail.com

DAILY SHELTER SURVEILLANCE FORM

Date: / / dd/ mm/ yyyy		**Day/Week number:**	**Ending:** / / dd/ mm/ yyyy
Parish:		**Telephone # of Reporting agency: +1** **area code** **phone number**	
SITE- ***specify by checking the box beside the relevant option***			
Shelter ☐	School ☐	Senior Citizens home ☐	Children's Homes ☐
Geographical area:			
Other (specify):			
Shelter/Site Name:			
Address:			
Population/ No. of Residents/Patients:			

A. SURVEILLANCE DATA: (Record no. cases in line provided)

HEALTH CONDITIONS	AGE								TOTAL
	UNDER 5 YRS		OVER 5 YRS						
			5-17		18-59		60+		
	Males	Females	Males	Females	Males	Females	Males	Females	
1. Fever (100°F or 38°C)									
2. Fever with rash									
3. Gastroenteritis									
4. Accidents (unintentional)									
5. Violence (Intentional)									
6. Respiratory illness									
a. Upper									
b. Lower									
7. Asthma									
8. Skin Rashes									
9. Conjunctivitis									
10. Other (Specify)									
TOTAL									

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B. ENVIRONMENTAL HEALTH CONDITIONS

1. **WATER SUPPLY** Available : Yes ☐ No ☐ Quantity: gallons

Water Source (check in box the relevant option) Sufficient ☐ Insufficient ☐

Public system (pipe)☐ Rain ☐ Surface ☐ Ground ☐

Other *(specify):*

Treatment: Chlorinated ☐ Filtered ☐ Boiled☐
Other *(specify)*

Comments: *(issues, supply status and areas affected)*

**70 gals per day/person (of 3 gals. Of drinking water/day)*

Parish: **Date:**
dd/mm/yyyy

2. SANITARY FACILITIES

No. of toilets: (WC) _____ No. damaged_____
(Pit) _____ No. damaged_____ Other: _____

Sewage system: status _____

Comments *(issues, supply status and no, and location of site affected):*

3. SOLID WASTE MANAGEMENT

Solid waste collected/removed daily yes ☐ no ☐

Are plastic bags/bins available yes ☐ no ☐

Animal carcasses removed: yes ☐ no ☐ Buried: yes ☐ no ☐

Comments *(issues, status, areas affected:*

4. VECTORS:

Mosquitoes _____ specify type: Aedes ☐ Anopheles ☐ Culex ☐

Rodents ☐ Flies ☐ Other☐

Control Activities

Specify:_____

Comments *(issues, supply status, areas affected)*

5. FOOD SAFETY

High risk food prepared (beef, chicken, shellfish, fish, milk and milk products, mayonnaise, gravy etc)

_____

Quantity of food condemned: _____

Food Storage:

Food Preparation:

No. of handwashing facilities _____

Status _____

Comments *(issue, supply status, and areas affected)*

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ITEM LIST	LIST OF INSTITUTION /SITE NEEDS
Number of persons requiring meals	
Number of persons requiring basic medication	
Water supply needs	
Sanitary facilities needs	
Plastic bags need	
Other (specify)	

Person completing form_____(print) for MO(H) Signature _____