

## Dengue Surveillance Clinical Data Form

### Demographic Information

Hospital: - _____	Date (DD/MMM/YYYY): ____/____/____
Patient Name: - _____	
Age: - _____	Sex: - _____
Occupation: - _____	
Address of local resident: _____	Contact Number: - _____

### History of Present Illness

Date of First Symptom (DD/MMM/YY): - \_\_\_\_/\_\_\_\_/\_\_\_\_

Please tick any appropriate

	Symptoms	Yes	No	Remark
1	Fever			
2	Headache			
3	Retro-orbital pain			
4	Muscle pain			
5	Severe back-ache			
6	Joint pain			
7	Rash			
8	Positive tourniquet test			
9	Petechaie, ecchymoses, or purpura			
10	Bleeding from nucosa, GI or any other sites			
11	Haematemesis or melena			
12	Rapid and week pulse			
13	Hypotension			
14	Cold, clammy skin			
15	Restlessness			
16	Altered mental status			

Patient Disposition: Outpatient  Emergency (Casualty)  Admitted

Case enrolled #: - \_\_\_\_\_ Lab ID #: - \_\_\_\_\_

Sample collection date: - \_\_\_\_\_ Acute/Convalescent sample: - \_\_\_\_\_