

Dengue Surveillance Follow-up Visit Form

Demographic Information

Hospital: - _____ Date (DD/MMM/YYYY): - ____/____/____ First visit case ID #: - _____ first visit Lab ID #: - _____
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History of Present Illness

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 mucosa, 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: - _____