1. Patient Information **Case Identification Number:**

Name of Health Facility:-
Patient Name:
Age in Year: _____ Month: _____
Gender: ☐ Male ☐ Female
Occupation:_____
Resident address:
Dzongkhag (District):
Duration of stay:_____
Contact Number of Patient/Parents Mobile No:

(dd/mm/yyyy)
Date of Birth: (_____/_____/_____)
Date of visit: (_____/_____/_____)
Date of Onset fever: (_____/_____/_____)
Date of onset of rash: (_____/_____/_____)
Date of notification: (_____/_____/_____)
Date of Investigation: (_____/_____/_____)

2. Vaccination Status (by card / history): ☐**Yes** ☐**No** ☐**Don't know**

	No. of Doses	Date 1st dose	Date 2nd dose
Measles containing vaccine:	_____	(_____/_____/_____)	(_____/_____/_____)
Rubella containing vaccine:	_____	(_____/_____/_____)	(_____/_____/_____)

Date of last Measles/Rubella containing vaccine: (_____/_____/_____)

3. Clinical Information

Fever: ☐Yes ☐No ☐Unknown
Maculopapular Rash: ☐Yes ☐No ☐Unknown
Cough: ☐Yes ☐No ☐Unknown
Coryza: ☐Yes ☐No ☐Unknown
Conjunctivitis: ☐Yes ☐No ☐Unknown

Adenopathy: ☐Yes ☐No ☐Unknown
If yes, place……..
Arthralgia: ☐Yes ☐No ☐Unknown
If yes, joint……..
Pregnant: ☐Yes ☐No ☐Unknown
If yes, week of gestation:…….
Others:

4. Patient Status

Hospitalization? ☐Yes ☐No if yes, Name of Hospital:
Date of admission: (_____/_____/_____) Date of discharge: (_____/_____/_____)
Final status: ☐ Recovered ☐ Referred ☐ Died ☐Unknown

5. Epidemiological Information

Any similar illness in family/community: ☐Yes ☐No If yes, number……..
Travel History (7-21 days before the onset of rash): ☐Yes ☐No If yes, place/country visited:
Travel dates: From (_____/_____/_____) To (_____/_____/_____)
Attended social gathering/events: ☐Yes ☐No If yes, specify:_____

Name of the Investigator with Designation:

6. **Laboratory Information**

To be filled at specimen collection point	**To be filled by Royal Centre for Disease Control**
A. Serology Samples and Test Results	

Specimen Collected? ☐ Yes ☐ No If yes, types of Specimen: ☐ Serum ☐ DBS ☐ Both serum & DBS Others, specify:_____ Date of Collection: (_____/_____/_____) Specimen Collected By: Sample Shipment date: (_____/_____/_____) Sample sent by:	Date of sample received: (_____/_____/_____) Sample received by: Sample status: ☐ Satisfactory ☐ Unsatisfactory If unsatisfactory, give details: **Serology Result:** Specimen ID:_____ Test Done by: Date of Test: (_____/_____/_____) Date of Report to VPDP: (_____/_____/_____) Measles: Rubella: ☐ Positive ☐ Positive ☐ Negative ☐ Negative ☐ Equivocal ☐ Equivocal ☐ Test Not done ☐ Test Not done
B. Virology samples and Test Results	
Specimen Collected? ☐ Yes ☐ No If yes, types of Specimen: ☐ Throat swab ☐ Others, specify:_____ Date of Collection: (_____/_____/_____) Specimen Collected By: Sample Shipment date: (_____/_____/_____) Sample sent by:	Date of sample received: (_____/_____/_____) Sample received by: Sample status: ☐ Satisfactory ☐ Unsatisfactory If unsatisfactory, give details: **Virology Result:** Specimen ID:_____ Test Done by: Date of Test: (_____/_____/_____) Date of Report to VPDP: (_____/_____/_____) ☐ Measles Positive ☐ Rubella Positive ☐ Negative ☐ Test Not done
C. Genotyping	
Specimen submitted for genotype? ☐ Yes ☐ No If yes, Date specimen sent: (____/_____/_____)	Genotype results: Measles: ____ Rubella:_____ Date results received by RCDC: (____/____/_____) Date results received by VPDP: (____/____/_____)
7. Classification (to be filled by the VPDP)	
Final Classification: ☐ Confirmed Measles ☐ Confirmed Rubella ☐ Discarded Basis for classification: ☐ Laboratory ☐ Epidemiological Linked ☐ Clinical Source of infection: ☐ Endemic ☐ Imported ☐ Import-related ☐ Unknown Reason for discard…….	
8. Follow-up	
Active case search done? ☐ Yes ☐ No If yes, number of additional suspected cases detected: _____ Outcome at 30 days follow-up: : ☐ Alive ☐ Died ☐ Lost to follow-up ☐Complications, specify:___ Follow-up date: (____/_____/_____) Investigator Name: Institution: Telephone: Date:	