

## General Case Investigation form for immediately reportable diseases

Please tick against to diseases that you want to report: Anthrax, AHFS, Bacterial Meningitis, DHF, , AES

Please tick Case Status\* Confirmed, Suspected , Epi-linked Non-case Unknown

### Basic Information of patient

Name		Age		Sex (M/F)		
Occupation		Mobile #		Residence	Urban	Rural
Present Address	Village		Geog		District	
If child is ≤ 5 years get the vaccination details						

### Clinical information (please tick against those are present)

Sign and Symptom (tick)	Date of Onset	Sign and Symptom (tick)	Date of Onset
Fever now (>) 38C		Petechaie/echymose	
Headache		Any bleeding disorders	
Skin Rashes		Altered consciousness	
Myalgia		Convulsion	
Vomiting		Other symptoms Specify	
Teperature		Pulse	
		BP	
			GCS
General condition (specify)			

### Patient Status Hospitalized case

Hospital Admission		DoA			DoD	
Status	Recovered		still sick		Died	
If referred: Name of Hospital				Diagnosis		

### Epidemiological information

H/o similar illness in family	Yes	No	Unknown
Travel History (3-21 days before the onset of symptoms)	Yes	No	Unknown
Travel date from	Travel place		
History of contact with sick animals	Yes	No	Unknown
Evidence of disease like rabies/anthrax/bird-flu in animal	Yes	No	Unknown
Any history of diseases outbreak in the community	Yes	No	Unknown
Name of outbreak:			

### Laboratory Information at Local level

Laboratory test	Results	Remarks
Lowest white blood cells		
Platelets count		
Blood Urea		
Creatinine		
Rapid test result Specify		
Blood C/s		
CSF culture		
Any other test done		

### Samples transfer to RCDC for :

Name of investigator		Contact # of Investigator
Date of investigation		
Name of Health Center		Signatures