

AUFI form (Acute undifferentiated febrile illness)

(Version 2)

Case No. (Barcode):

1. PATIENT INFORMATION

Name of Health Centre:		
Patient Name:	Age:	Gender:
CID:	Contact Number:	
Occupation:	Residential Address:	

2. CLINICAL INFORMATION

Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Temperature:					
Date of fever onset (dd/mmm/yy):			Duration of fever:		
Symptoms	Yes	No	Symptoms	Yes	No
Chills			Chest Pain		
Malaise			Nausea		
Muscle Aches			Vomiting		
Headache			Abdominal Cramps		
Retro-orbital Pain			Diarrhea		
Joint Pain			Loss of consciousness		
- Fatigue			Seizures		
Anorexia			Confusion		
Conjunctivitis			Stiff Neck		
Coryza			Jaundice		
Rhinorrhea			Rigors		
Sore Throat			Sweating		
Cough			Rash		
Wheezing			Easy bruising		
Shortness of Breath			Bleeding		
Others: specify.....					

3. CO-MORBIDITIES

<input type="checkbox"/> None <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease
Patient Outcome: <input type="checkbox"/> Referred <input type="checkbox"/> Recovered <input type="checkbox"/> Died
4. Travel History in last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, country or place visited: Travel Date:
Any contact with person having similar symptoms in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of contact (DD/MM/YY):

5. Laboratory Blood Specimen Collected

Sample ID: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>	Collection Date:
Type of Specimen <input type="checkbox"/> Whole blood (red cap tube) Note: Whole blood will be centrifuged by Lab and send both Serum (>1 mL) and RBC to RCDC * Please attach CBC or any lab test reports performed at the hospital along with this form and specimen.	
Advised by: Sample Collected by: Contact No.:	