

Weekly Case Reporting Form

(To be filled by SFP)

Reporting Site: _____ Reporting Week: _____ Reporting Year: _____

Disease ID	Diseases/syndromes	0-29 Days		1-11 Months		1-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-49 Years		50-64 Years		65+ Years		Unknown	
		Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death
2	Acute Bloody Diarrhea																						
3	Acute Watery Diarrhea																						
7	Acute Jaundice Syndrome																						
8	Acute Respiratory Infection																						
11	Mumps																						
13	Fever with Rash																						
14	Food poisoning																						
21	Typhoid /Paratyphoid fever																						
23	Severe Acute Respiratory Infection																						
24	Rickettsioses																						

Reported by: _____ Dated Initial : _____