

Measles Case Investigation Form

(1st copy to be sent to laboratory with specimen, 2nd copy to DHO (Health) office and 3rd copy to be kept in the reporting health facility)

PART I : For Use by Reporting Facility and DHO

Name of Reporting Health Facility:			
Address of Health Facility:			
Union Council:		Tehsil/Taluka/City:	
District:		Province/Area:	
Date Patient Visited Hospital:		/ /	
Case ID number: <small>(to be filled at district)</small>	PAK		Msl
Patient's Name :		Sex: Male	Female
Father's Name:			
Date of Birth :	/ /	Age: Years	Months
Address of Patient :			
Village/Street/Mahalla			
Union Council:		Tehsil/Taluka/City:	
District:		Province/Area:	
Date of Rash onset:		/ /	
Number of Measles vaccine doses received (circle):		Nil	One
Date of last dose of measles vaccination:		/ /	
Type of specimen (circle):	Oral swab	Throat swab	Blood
Date of Specimen Collection :	/ /	/ /	/ /
Date of Specimen Sent to Lab :	/ /	/ /	/ /
Lab Result to be Sent to: (DHO, Provincial and Federal officials)			
Name :			
Address:			
Telephone/FAX:		Email:	
Name of person completing the form:			
Designation:			
Signature:		Date:	/ /

PART II: For Use by Receiving Laboratory

Type of specimen (circle):	Oral swab	Throat swab	Blood
Date specimens received at lab:	/ /	/ /	/ /
Lab Number:			
Condition of specimen:	Quantity Adequate:	Yes	No
	Cold Chain OK:	Yes	No
Specimen Received by:			
Name:			
Designation:			
Date of Lab Test done:	/ /	/ /	/ /
Type of test done:			
Test result:			
Comment:			
Report sent by:	Name:	Signature:	
	Designation:	Date:	

Part III - 30-day Follow up (to be filled for outbreak cases)

Date of Follow Up :		/ /	
Outcome:	Alive	Dead	
Reported by:	Name:	Signature:	
	Designation:	Date:	

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