

# SURINAME: (H1N1) lab Surveillance Form

## 1. Patient Information

Last Name \_\_\_\_\_ Maiden name \_\_\_\_\_  
 First Name \_\_\_\_\_ Hospital Reg. #----- \_\_\_\_\_  
 Gender  M  F Age    years  months  
 Date of Birth (dd mm yyyy)        
 Ethnicity \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work/ School Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 District \_\_\_\_\_ Tel \_\_\_\_\_ e-mail \_\_\_\_\_

## 2. Referring Doctor

Name: \_\_\_\_\_ Tel \_\_\_\_\_  
 Reporting Address:  AZ  DH  LH  RKZ  MH  
 SZN  RGD  MZ  Other \_\_\_\_\_

## 3. Additional Notes\* a: Onderliggend lijden

- Asthma  Immunosuppressive aandoening  
 Diabetes Mellitus  Hartklachten  
 Obesitas  Nierafwijkingen  
 kanker in de afgelopen 12 maanden  
 Roker aantal sig(.....) per dag/week

## B: Contact Geschiedenis

- Huisgenoten met Griep  
 contact with H1N1 patient  
 reisgeschiedenis date \_\_\_\_\_ place \_\_\_\_\_

## PROVISIONAL DIAGNOSIS:

## 4. Case Status

- A single case  One of an outbreak  
 One of a survey  Status unknown

## 5. Outcome

Hospitalized?  Y  N  
 Date Admitted \_\_\_\_\_  
 Date Released \_\_\_\_\_  
 Died?  Y  N  
 Date of Death \_\_\_\_\_

## 6. Date of Onset of Illness

## 7. EID Surveillance.

Date reported \_\_\_\_\_  
 Logbook No. \_\_\_\_\_

## 8. Signs and Symptoms .

- Fever → Temp: \_\_\_\_\_ → Onset: \_\_\_\_\_  
 Rash → Location: \_\_\_\_\_ → Onset: \_\_\_\_\_  
 Pain → Location \_\_\_\_\_  
 Hemorrhagic symptoms → describe \_\_\_\_\_  
 Altered mental state  Failure to thrive  Respiratory, upper  
 Arthralgia  Headache  Respiratory, lower  
 Chills  Hepatomegaly  Retro-orbital pain  
 Conjunctivitis  Jaundice  Sore throat  
 Convulsions  Lymphadenopathy  Vomiting  
 Coryza (verkoudheid)  Malaise  Weight loss  
 Cough  Myalgia  Buikpijn  
 Diarrhea, Acute  Nausea  Pijn op de borst  
 Diarrhea, Chronic  Neck stiffness  
 Dizziness  Paralysis  
 Other → specify \_\_\_\_\_

Antiviral Drug Information\_(Tamiflu ja/nee) \_\_\_\_\_ Date \_\_\_\_\_

## 9. Syndromic Classification

- Acute Flaccid Paralysis  Fever & Rash  
 Gastroenteritis  Fever & Respiratory or  
 Fever & Hemorrhagic Acute Respiratory Infection  
 Fever (undifferentiated)  Fever & Neurological  
 Fever & Jaundice

## 10. Immunization History EPI No: \_\_\_\_\_ BCG: Y/ N \_\_\_\_\_

MR: Y/ N \_\_\_\_\_ DPT: Y/ N \_\_\_\_\_ Polio: Y/ N \_\_\_\_\_  
 HBV: Y/ N \_\_\_\_\_ YF: Y/ N \_\_\_\_\_ MMR: Y/ N \_\_\_\_\_  
 Influenza Vaccine Y/ N \_\_\_\_\_ date( / / ) Other<sup>†</sup>: Y/ N \_\_\_\_\_  
<sup>†</sup>specify \_\_\_\_\_

## Physician Use: Specimen Information

No.	Serum	EDTA blood	Blood Smear	Sputum	CSF	Swab _____	Urine	Stool	Tissue _____	Plasma	Other _____	Date specimen taken	ACUTE	CONV	Laboratory Test(s) Requested	Lab use: Laboratory Specimen ID
1																
2																
3																
4																
5																

## Laboratory Use: Specimen Analysis

No.	Date Received	Test(s) Performed	Date(s) Tested	Laboratory Diagnosis	Date referred to Central Lab	Date referred to CAREC	CAREC Specimen ID
1							
2							
3							
4							
5							

Approved by (Testing Lab): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Testing Lab: \_\_\_\_\_ (Please note: CAREC will provide results on a separate report)