

Print Date		<b>Case Investigation Form</b>
Print Time		
Language	English	

Case ID Number  
(from EIDSS)

Local ID

Organization that sent Urgent  
Notification

Date of sending

m/d/yyyy

Organization conducting  
investigation

Starting date of  
investigation

m/d/yyyy

## (1) Demographic information

Patient Name

Last First Middle

Date of birth

m/d/yyyy

Age:

Sex

Citizenship

Personal ID Type

Personal ID

Permanent Residence:

Region

Rayon

Town or Village

Street

Postal code

Building/House

/

Apt.

Phone number

Current Residence:

Region

Rayon

Town or Village

Street

Postal code

Building/House

/

Apt.

Phone number

Occupation

Name of employer

Date of last presence at work, study or preschool

Address of Employer:

Region

Rayon

Town or Village

Street

Postal code

Building/House

/

Apt.

Phone number

## (2) Clinical Information

Diagnosis \_\_\_\_\_

Initial Case Classification \_\_\_\_\_

Date of symptoms onset \_\_\_\_\_

m/d/yyyy

Date of Exposure \_\_\_\_\_

m/d/yyyy

Location of exposure if known \_\_\_\_\_

Facility where patient first sought care \_\_\_\_\_

Date patient first sought  
care \_\_\_\_\_

m/d/yyyy

Non-Notifiable Diagnosis from facility where patient first sought care \_\_\_\_\_

If 'Yes'

Place of hospitalization \_\_\_\_\_

Date of hospitalization \_\_\_\_\_

m/d/yyyy

Antibiotic/Antiviral therapy administered before samples collection? \_\_\_\_\_

Antibiotic		Date first administrated
Name	Dose	

Comments \_\_\_\_\_

### (3) Samples Collection

Samples collected?

If "No", give reason

Sample Type	Local Sample ID	Collection Date	Sent Date	Accession Date	Sample Condition Received	Comment	Test Name	Test Result	Test Date

**(4) Contact List**

<b>Name</b>	<b>Relation</b>	<b>Date of Last Contact</b>	<b>Place of last contact</b>	<b>Contact's Information</b>	<b>Comments</b>

## (5) Final Case Classification and Outcome

Final Case Classification

Date of Final Case  
Classification

\_\_\_\_\_  
m/d/yyyy

Final Diagnosis

Date of Final Diagnosis

\_\_\_\_\_  
m/d/yyyy

Basis Of Diagnosis

- ☐ Clinical  
☐ Epidemiological Links  
☐ Laboratory Test

Outcome

Date of Death

\_\_\_\_\_  
m/d/yyyy

Date of Discharge

\_\_\_\_\_  
m/d/yyyy

Is this case related to an outbreak

Outbreak ID

Comments

\_\_\_\_\_

Epidemiologist name

Epidemiologist Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
m/d/yyyy



## **(7) Epidemiological Links and Risk Factors**

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