

General Case Investigation Form (EIDSS)

Case ID Number (from EIDSS) _____ Local ID _____

Organization that sent Urgent Notification _____ Date, time of sending ____/____/____, ____h ____m
(dd/mm/yyyy),

Organization conducting investigation _____ Starting date, time of investigation ____/____/____, ____h ____m
(dd/mm/yyyy)

(1) Demographic Information

Patient Name _____
Last First Patronymic

Date of birth ____/____/____ Age ____ years ____ months Sex: Male Female Citizenship _____
dd/mm/yyyy

Current Residence:

Region _____ City/Rayon _____ Village _____

Street _____ Postal Code _____ Building/House # _____ Apt.# _____

Phone number _____

Registered Residence:

Region _____ City/Rayon _____ Village _____

Street _____ Postal Code _____ Building/House # _____ Apt.# _____

Phone number _____

Occupation _____

Name of employer or children's facility or school _____

Date of last presence at work, study or preschool _____

Address of employer or children's facility or school:

Region _____ City/Rayon _____ Village _____

Street _____ Postal Code _____ Building/House # _____ Apt.# _____

Phone number _____

(2) Clinical Information

Initial Diagnosis: _____

Initial Case Classification: Suspected Probable Confirmed

Date of symptom onset ____/____/____ Date of exposure ____/____/____
(dd/mm/yyyy) (dd/mm/yyyy)

Facility where patient first sought care: _____ Date patient first sought care: ____/____/____
(dd/mm/yyyy)

Non-Notifiable Diagnosis from facility where patient first sought care: _____

Hospitalization? Yes No Unk

If "Yes",

Place of hospitalization _____ Date of hospitalization: ____/____/____
(dd/mm/yyyy)

Antibiotic / Antiviral therapy administered before specimen collection? Yes No Unknown

If "Yes"

Name	Antibiotic	Dose	Date First Administered (dd/mm/yyyy)
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1.			
2.			
3.			

Comments:

(3) Specimen Collection Information for Laboratory TestsSpecimens collected? *Yes* *No* *Unknown* If "No", give reason: _____

If "Yes", fill in table below:

<i>Specimen Local ID</i>	<i>Specimen Type</i>	<i>Date/time of collection (dd/mm/yyyy, hh:mm)</i>	<i>Date/time specimen sent (dd/mm/yyyy hh:mm)</i>	<i>Date/time specimen received by lab (dd/mm/yyyy hh:mm)</i>	<i>Type of Laboratory Test</i>	<i>Test Result</i>	<i>Test Date</i>

(4) Contact List

For a case suspected of having a disease with person-to-person transmission, list all individuals the case has been in close contact with during the likely period of infectivity:

If space is needed to list additional contacts, please use a blank sheet of paper that includes the patient's name or Case ID number

	<i>Name (Last, First, Patronymic)</i>	<i>Relation*</i>	<i>Date of last contact (dd/mm/yyyy)</i>	<i>Place of last contact</i>	<i>Contact's information (current address, phone)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Family, friend, neighbor, coworker, classmate, etc.

(5) Final Case Classification and Outcome

Final Case Classification

Suspected ☐ Probable ☐ Confirmed ☐Final Diagnosis _____ Date of final diagnosis ____/____/____
(dd/mm/yyyy)

Basis of diagnosis

☐ Clinical ☐ Epidemiological link ☐ Laboratory test

Outcome

☐ Recovered *Date of discharge* (dd/mm/yyyy) ____/____/____
☐ Died *Date of death* (dd/mm/yyyy) ____/____/____
☐ Unknown

Is this case related to any outbreak? Yes No Unknown

If "Yes", specify outbreak ID number _____

Comments

Epidemiologist name who filled out form _____

Epidemiologist signature _____ Date ____/____/____ (dd/mm/yyyy)

(6) Case classification (clinical signs): The content of this section varies based on the diagnosis under investigation and implemented using the Flex Form technology.

(7) Epidemiological Links and Risk Factors: The content of this section varies based on the diagnosis under investigation and implemented using the Flex Form technology.

(8) Additional Clinical or Epidemiological Remarks: