

Print Date		Case Investigation Form
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
Case Classification		Date Of Completion Of Paper Form	m/d/yyyy
Case Status			
Initial Diagnosis		Initial Diagnosis Date	m/d/yyyy
Current Diagnosis		Current Diagnosis Date	m/d/yyyy
Final Diagnosis		Final Diagnosis Date	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:

Province _____ District _____

Town or Village _____ Street _____

Full Address _____

Phone number _____ Longitude/Latitude _____ / _____

Foreign Address _____

Current Residence:

Province _____ District _____

Town or Village _____ Street _____

Full Address _____

Phone number _____ Longitude/Latitude _____ / _____

Occupation _____

Employer Information:

Name of employer, children's facility and school _____

Date of last presence at work, study or preschool institution _____

Address of employer, children's facility and school: _____

Country _____

Province _____ District _____

Town or Village _____ Street _____

Full Address _____

Phone number _____

(2) Clinical Information

Initial Case Classification

Status of the patient at time of notification

Location of exposure if known

Date of symptoms onset

m/d/yyyy

Date of Exposure

m/d/yyyy

Facility where patient first sought care

Date patient first sought
care

m/d/yyyy

Non-Notifiable Diagnosis from facility where patient first sought care

Place of hospitalization

Date of hospitalization

m/d/yyyy

Current Location of Patient

Additional Information

Antibiotic/Antiviral therapy administered before samples collection

Name

Dose

Comments

Diagnosis History

Change
date/time

Person

Organization

Changed Diagnosis

Reason

(3) Samples Collection

Samples collected? _____

Reason for "no": _____

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

Additional Test Requested and Sample Notes _____

(4) Contact List

Name	Relation	Date of Last Contact	Place of Last Contact	Contact's Information	Comments

(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
