

## State and Regional Medical Needs Shelter Plan

### Form 12 - State Medical Needs Shelter Surveillance Worksheet

#### State Medical Needs Shelters

Information should be reported to the MSDH Epidemiology Office or designee once every 24 hours of shelter operation (7pm shift change) Phone: 601-576-7725 Fax: 601-576-7497

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please place a tally mark in the correct age group for each shelter resident with a new onset (within the last twenty-four hours) of one of the syndromes listed. Please mark only one syndrome per resident (the predominant/main syndrome). Do not include patients in whom the conditions below are part of their normal chronic disease and represent their baseline condition.

Acute Onset Syndromes or Conditions	< 5 years	5-17 years	18-64 years	≥ 65 years
Acute Respiratory/Flu Like Illness (fever, cough, runny nose, sore throat, SOB, body aches)				
Acute Gastrointestinal Illness (includes diarrhea, vomiting, abdominal cramps, nausea)				
Acute Neurological Changes (includes severe headache, migraine, stiff neck, altered mental status, acute delirium, muscle weakness, paralysis)				
Acute Rash Illness (includes rash and/or hives, fever with rash or other skin lesions, particularly acute wound infections)				
<b>Other</b> (acute onset of symptoms or syndromes not included above)				
TOTAL POPULATION IN THE SHELTER				