DISEASE

Case details

NDD no. _____

Surname	_____	Given name	_____	Sex	M F
DOB	__/__/__	Age	___ yrs/mth		
Address	_____				
Suburb	_____	Postcode	_____	Telephone	_____
Other contact	_____			Telephone	_____
Occupation/school		_____		Telephone	_____
Indigenous	☐ Aboriginal ☐ Torres St Islander ☐ No	COB	☐ Australia ☐ Other: *specify* _____	Language	☐ English ☐ Other: *specify* _____

Disease

Symptomatic Y N Onset date __/__/__

Notes _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Definition ☐ suspect ☐ presumptive ☐ confirmed

Laboratory

Lab confirmed	Y N	Specimen	_____	Specimen date	__/__/__
Organism	_____				
Suborganism	_____	ID method	☐ serology ☐ other	☐ IgM + _____	

Notification

First notifier	_____	Telephone	_____	Fax	_____
Notifier type No. in order of receipt	__ Lab __ Doctor __ Hospital (not lab) __ Other _____	Notified date	__/__/__	Received date	__/__/__
Treating doctor	_____	Telephone	_____	Postcode	_____
Address	_____			Fax	_____

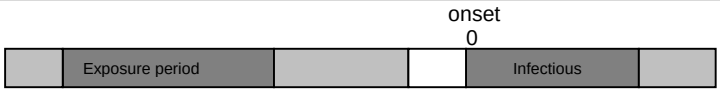
Outcome

Hospitalised	Y N	Admitted date	__/__/__	Discharge date	__/__/__
Hospital/s	_____			MRN	_____
Hosp doctor	_____	Telephone	_____	Address	_____
Deceased	Y N	Death date	__/__/__	Cause of death	Y N U

Case _____

Risk factors

Infection timeline



Dates __/__ __/__ __/__ __/__ __/__

Exposures _____ ***before onset:*** *Specify*

An outbreak	Y	N	U	_____
Another notified case	Y	N	U	_____
Possible case (not notified)	Y	N	U	_____
Travel	Y	N	U	_____
	Y	N	U	_____
	Y	N	U	_____
	Y	N	U	_____
	Y	N	U	_____

Vaccinated against _____ Y N U Doses ___ Date last __/__/__

Contact management *(persons exposed ___ to ___ days after onset)*

Case advised about reducing spread to others Y N

Close contacts	*Relationship*	*Age/DOB*	*Telephone*	*Intervention*	*By whom?*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Notes

No. contacts identified _____ _____

No. contacts prophylaxed _____ _____

Notes

Administration

Completed by _____ Date finalised __/__/__ PHU _____