

CATEGORY :	Date :
Patient's full Name :	
Age/Sex:	Patient's contact number:
Address:	
Hospital Name:	
Ward - Unit/ Registration No:	
Date of Onset Illness:	

Clinical Signs & Symptoms: [tick]

Fever > 38°C	YES	NO
Oral > 38.5°C	YES	NO
Cough	YES	NO
Sore throat	YES	NO
Nasal catarrh	YES	NO
Shortness of breath difficulty in breathing	YES	NO

Exposure History:

Close contact with a person (within 7 days) who is conformed case of Influenza A (H1N1)	YES	NO
Travel to community (within 7 days) where one or more confirmed cases of Influenza A (H1N1) have been reported	YES	NO
Resides in community where there are one or more confirmed cases of Influenza A (H1N1)	YES	NO
Country Visit	YES	NO
Date of Visit		
Name of Country Visited		

Treatment & Investigation History:

Treatment taken	YES	NO
If yes what & when		
Investigations:		

X-Ray findings:

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Name of Requesting Doctor:	
Contact Number:	

FOR MICROCARE LABORATORY USE ONLY

Sample Collected	Throat swab	Nasopharyngeal swab	Other
No. of sample collected			

RESULT:

Test Description	Result
Influenza A	
H1N1 2009	
Influenza B	
Sign.	Date: