

INDIVIDUAL DATA COLLECTION

Fax reports daily to 971-673-1100

About The Patient:

Name _____

Parent/Guardian _____

Sex M F DOB ___/___/___ (m/d/yy) or (if DOB unknown) Age _____

Hispanic Yes No Unknown

Race White Black American Indian/Alaskan Native
 Asian/Pacific Islander Unknown Refused Other _____

Home Address _____ County _____

City, State, Zip _____

About The Patient's Illness

Current Date ___/___/___ (m/d/yy)

Date of Symptom Onset ___/___/___ (m/d/yy)

Onset unknown

Symptoms: _____

Diagnosis of Pandemic Influenza (choose best one):

Confirmed/Supported by lab results (Rapid Test, DFA, Culture)

Clinical or suspect only at this time (Based on Pandemic Influenza Case Definition)

Medications Given (dispensed per protocol):

Oseltamivir Dose: Treat Prophylaxis Lot Number _____

Zanamivir Dose: Treat Prophylaxis Lot Number _____

None Other _____

About Reporting Facility

Name _____

Address _____

City, State, Zip _____ County _____

Telephone number(s) _____

Alternate contact (e.g. Nurse) _____

Form ESF8 108

SUBTAB 2-B-6.10