## ARBOVIRAL INFECTION CASE REPORT FORM

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Last Name	st Name First Name City City Support of the Companie Name Name City Support of the Companie Non-Hispanie Non-Hispanie Unknown Sex:				County Zipcode  Date of Birth//			State	
Address	W. (		City	D /	CD: 41	code	State_		
Telephone-H ()	w (_			Date o	of Birth/	//	Age_	LO.1	
Occupation:		Race:	⊔ White	□ Black	☐ Am. India	ın/Alaskan	□ Asian □	Other	
		⊔Unknown	Sex:	⊔ Male ⊔ F	emale Pre Breast Fe	egnant: UYe eeding: UYe	s ⊔No ⊔U s □No □U	nknown Inknown	
CLINICAL INFORMAT	<u>rion</u>	T							
Hospitalized?	o Hospitai N	vame	C	ity		State			
Medical record #		Date of ac	lmission	/ /	Date of o	discharge/tran	sfer /	/	
Date of first symptoms		Date of firs	st neurolog	gic symptoms	//				
Current Diagnosis:	encephalitis	meningit	is 🛚 m	yelitis 🔲 f	ever 🛚 ot	her			
Initial Diagnosis: Fever ( $\geq$ 38EC or 100EF)	☐ encephalitis	☐ meningit	ıs ⊔m	yelitis 📙 fo	ever ⊔ot	her	□No □U	<u></u>	
Headache	ΠYes ΠNo	□ Unknowi	n	Altered men Stiff neck/M	itai status Ieninoeal sior	ns	$\Box$ No $\Box$ U	Inknown	
Headache Seizures	☐ Yes ☐ No	Unknow	n	Muscle wea Previous Fla	kness	☐ Yes		Inknown	
Altered immune status	☐ Yes ☐ No	Unknow	n	Previous Fla	avirus vaccina	ition 🛮 Yes	□No □U	Inknown	
	☐ Yes ☐ No	Unknow	n If yes	s, describe					
Other neurologic signs	☐ Yes ☐ No		ıı ıı yca	, acserrec					
Other symptoms (current of Outcome Recovered	or I month before $\Box$ Died $\Box$ U	onset) Jnknown	If patient	died, date of o	death /	/			
LABORATORY INFOR  CSF (specify units) Glu Property of the control of the con	MATION / TFS	T RESILT	S						
CSF (specify units) Date	e / /	Abi	normal?	□Yes □N	No □Unkno	own			
ĠluPı	rot	RBC	W	BC	_ Diff: S	Segs	% Lymphs	%	
Gram stain			Culture _	D:00	<u> </u>	· · ·	0./		
CBC (specify units) Date	e//	WE	3C	Diff:	Segs	% Lymph	s%		
CT Date / /	Resul	ts							
EEG Date ////	Resul	ts							
Microbiology / serology	Resul	ts							
<b>CURRENT TREATMEN</b>							e started:		
(antiviral or antibacterial)	<u> </u>						//		
(antiviral or antibacterial)		2 weeks he	efore onset		Location		//		
(antiviral or antibacterial)  RISK FACTOR INFORM	MATION (during	g <b>2 weeks</b> be	efore onset	t)	<b>Location</b>		<u>Dates</u>		
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Form ENC-1 Revised April 2005

