

Disease Outbreak Investigation Form

<i>Health Facility:</i>		<i>Date:</i>	
Patient Details			
<i>Name:</i>		<i>Age/Sex:</i>	
<i>Telephone number:</i>			
<i>Address:</i> <i>Village:</i>		<i>Geog:</i>	<i>Dzongkhag:</i>
<i>Occupation (Specify)</i>			
Clinical details			
<i>Date of reporting to the health worker/Health facility</i>			
<i>Date of initial symptoms:</i>			
<i>Clinical features at the time of examination and duration:</i>			
<i>History of Present illness:</i>			
<i>History of Past illness:</i>			
Drug History: Antiviral Prophylaxis and others (Specify Name and duration)			
<i>Clinical findings:</i> Fever, Sore Throat, Cough, Generalized body ache, Head Ache, Fatigue, others (specify)			
Travel History:			
<i>History of Travel within the last 7 days: Area and Location:</i>			
Exposure History			
<i>History of exposure to animals and their environment within last 7 days before the onset of symptoms: If yes then make a separate note as per SOP</i>			
Laboratory: Use the laboratory investigation form for avian Influenza			
Other investigations: X-ray..... ECG..... USG.....Others			
<i>Test sent for investigation of Influenza A (Y/N)</i>		<i>Lab. Ref. No.....</i>	
Contact History			
<i>History of contact with confirmed or suspect human case of H5N1 within last 7 days: If yes make a separate note as per SOP:</i>			
Contact Tracing (Use separate Forms)			
<i>Name of the person contacted:</i>			
<i>Treatment Given:</i>			
<i>Isolated/ Quarantined:</i>			
<i>Outcome: Improve, (dead/alive)</i>			