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Influenza Surveillance Program 2016 - 2017

Influenza Case Report Form FAX (714) 834-8196



Epidemiology & Assessment, Telephone (714) 834-8180

Please send (either via fax, GoScan, or secure-email) the following demographic and laboratory information for each patient who tests positive for influenza.

Please Print Like This:

A	B	C	1	2	3
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Shade bubbles like this: ● Not like this: ☑ ☒

Last Name

Gender
 Female Male Unknown

First Name

Date of Birth (example 07/01/1960) / /
M M / D D / Y Y Y Y

Zip Code of Residence

Positive Laboratory Result
 Influenza A Influenza B A/B Unspecified

Type of Test
 Rapid Test DFA EIA IFA PCR Culture

Date Positive Specimen Collected / /
M M / D D / Y Y Y Y

Type of Specimen
 NP-Wash NP-Swab Nasal/Nares Trach Aspirate Bronchoalveolar Lavage Other: _____

Forward specimen to Orange County Public Health Laboratory if YES to any questions in this box

Patient died?
 Yes No Unknown

Date of Death / /
M M / D D / Y Y Y Y

Patient part of an outbreak?
 Yes No Unknown

Patient pregnant?
 Yes No Unknown

Estimated Date of Confinement / /
M M / D D / Y Y Y Y

COMPLETE THE FOLLOWING IF PATIENT ADMITTED TO HOSPITAL:

Patient admitted to hospital?
 Yes No Unknown

ICU Admission?
 Yes No Unknown

Onset Date / /
M M / D D / Y Y Y Y

Admission Date / /
M M / D D / Y Y Y Y

Patient received flu vaccine this season?
 Yes No Unknown

Number of doses of flu vaccine this season?
 1 2 Unknown

First Influenza Vaccination Date This Season / /
M M / D D / Y Y Y Y

Second Influenza Vaccination Date This Season / /
M M / D D / Y Y Y Y

Patient travel outside the US within 10 days of onset?
 Yes No Unknown

If yes, where? _____

Reporting facility: Sent by:

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