Suspected Polio Case Worksheet

REPORT CONTACT													
Name (Last, First)										Initial Report Date			
										Month Day Year			
Address City						County		State	Zip Code Phone			ie	
Reporting Laboratory State													
				PA	ATIENT IDI	ENTIFIERS							
PATIENT IDENTIFIERS Name (Last, First) Birth Date													
City	County	/	State	Occup	pation					Month	Day	Year	
A O		I =								Sex			
Age at Onset Age Type		Ethnicity	Race					ativo				Mala	
0 = 0-120 Years 1 = 0-11 Months 2 = 0-52 Weeks 3 = 0-28 Days 9 = Age Unknown H = Hispanic N = Not Hispanic U = Unknown N = Native American / Alaskan Native Agency						auve			M = I F = F U = U	พลเอ Semale Jnknown			
Date of Onset of First Sy	mptoms	Date of O	nset of Pa	ralysis	0-0	IIRIIOWII							
Month Day Ye	ar	Month	Day	Year									
				(CLINICAL	COURSE							
Clinical Course													
					OCE DE	CLUTO							
			1		CSF RE		- I a /						
Date		WBCs	RE	3Cs	9	6 Lymph	%	Polys		Protein		Glucose	
Month Day Ye	ar												
OUTCOME													
Date of 60-day Follow Up) 	Sites of Pa	-	Speci	fic Sites	60-day Res				Date of I	Death		
	1 = Spinal 2 = Bulbar			1 = None 2 = Minor (any minor involve 3 = Significant (≤2 extremitie									
Month Day Year 3=5			no-bulbar			3 = Significant (≤2 extren major involvement) 4 = Severe (≥3 extremitie			Month Day Teal				
respiratory involvement) 5 = Death													
9 = Unknown IMMUNIZATION HISTORY													
TOPV within 30 Days Pri	or to Oncot	of Sympton	me?	Date	IUNIZATIC	IN HISTORY							
_	or to onser	or Sympton	115 :										
Y = Yes N = No				Month	Day	Year		Lot Numb	oer ——				
VACCINE	DATE 1				DATE 2				DATE	3			
IPV-containing				1						7	7		
Total Doses Ever Received	Month	 Day Year er			Month Day Year Lot Number				Month Day Year				
	Lot Numbe								Lot Number				
TOPV				1				\neg					
Total Doses	Month Day Year]	Month				Month Day Year				
Ever Received	Lot Number	Day Year er			Month Day Year Lot Number				Lot Number				
BOPV				1									
Total Doses Ever Received	Total Doses Ever Received Month Day Year				Month Day Year					Month Day Year			
	Lot Number	er			Lot Num	per			Lot Nu	umber			
MOPV Total Doses Ever Received	Month	Day	Year	Type	Month	Day Y] ear	Type	Month	h Day		Type ear	
	Lot Number			3	, , , , , , , , , , , , , , , , , , , ,				Lot Number				

	INJECTIONS RECEIVED WITHIN 30	DAYS PRIOR TO ONSET OF ILL	LNESS				
Date of First Injection	Substance of First Injection De	scribe Site of F	First Injection				
Month Day Year							
Date of Second Injection	Second Injection	Substance of Injection 1 = Vaccine					
	Substance of Second Injection De	escribe Site of S	,	2 = Antibiotic 3 = Other			
Month Day Year	_			2 2			
,	Site of Injection						
Date of Third Injection	Substance of Third Injection De	escribe Site of T	1 = Left Deltoid 2 = Right Deltoid 3 = Left Thigh				
Month Day Year		3 = Left I nign 4 = Right Thigh 5 = Left Gluteal 6 = Right Gluteal					
Date of Fourth Injection	Date of Fourth Injection Substance of Fourth Injection Describe Site of Fourth Injection						
Month Day Year							
Month Day Year	EXPOCUE	E LUCTORY					
Did Coordinate by the March of Trans		E HISTORY					
Did Case/Household Member Trave to Endemic/Epidemic Area(s)?	Location(s) of Exposure	Date of Departure	Date of Re	eturn			
Y = Yes N = No		Month Day Year	Month	Month Day Year			
Was Case/Household Member	Location(s) of Exposure	Date of Departure	Date of Re	eturn			
Exposed to Person(s) from or							
Returning to Endemic Areas?		Month Day Year	∬	Day Year			
		<u> </u>		<u> </u>			
Did Case/Household Member have		tion of Exposure	Date of Co	ntact			
Contact with Known Case?	(Last) (First)	_					
Y = Yes N = No Month Day Year							
Did Case have Contact							
with OPV Recipient?		Age	Age Type				
Y = Yes If "Yes", Date of Contact with							
— Househol	d OPV Recipient	Year 999 = Unknow					
Relation .		Age	Age Type	Age Type			
If "Yes", Da	0 = 0-120 Years 1 = 0-11 Months						
Nonhouse	2 = 0-52 Weeks 3 = 0-28 Days						
Relation -				9 = Age Unknown			
Date Contact Received OPV							
	Dose Number	Lot Number					
Month Day Year							
	LABORATORY	INFORMATION					
SERUM SPE	CIMENS SUBMITTED	SPECIMENS S	SUBMITTED FOR ISC	DLATION			
Laboratory Name		SPECIMEN 1					
SERUM 1		Results Laboratory	Speci-				
P1, P2,	It Date Brown (Obtains d	Name	men Type Date Drawi	Date Drawn/Obtained			
or P3 Test Resu	It Date Drawn/Obtained		Date Drawi				
1 = P1							
or P3 Test Results 1 = P1	Month Day Year		Month	Day Year			
<u><u><u></u><u><u></u><u></u><u></u><u></u><u></u> <u></u><u></u> SERUM 2</u></u></u>		SPECIMEN 2					
P1, P2, or P3 Test Resu	It Date Drawn/Obtained	Results Laboratory	Speci-				
□1 = P1 □ 1 = Neut		Name	men	Data Busani (Olata)			
2 = P2 2 = CF	Month Day Year		Type Date Drawi	n/Obtained			
	month. Day Ital						
		I	Month	Dav Year			

LABORATORY INFORMATION (Continued)											
	SERUM SPECIMENS SENT TO CDC					SPECIMENS FOR POLIO VIRUS ISOLATION SENT TO CDC					
	SERUM 1 P1, P2, or P3 Te	est 1 = Neut. 2 = CF	Result	Date Drawn/Obta	ained Year	SPECIME Speci- men Type	N 1 Results (Viral Type)	Strains (Charac- terization Results)	Date Received Month Day Year Date Obtained		
LABORATORY	□ 1 = P1 □	est	Result	Date Drawn/Obta	ained			1 = Oligo- nucleotide 2 = Genomic Sequencing 3 = Polymerase Chain Reacti	Month Day Year		
CDCL	2 = P2 3 = P3	2 = CF		_ L_ L_ L_ L_ Month Day	Year	Speci- men Type	Results (Viral Type)	Strains (Charac- terization Results)	Date Received Month Day Year		
								1 = Oligo- nucleotide 2 = Genomic Sequencing 3 = Polymerase Chain Reacti	Date Obtained Month Day Year		
EMG	Conducted?	P EMG Re	esults	Date of EMG		Nerve Cor	nduction?	Nerve Results	Date Nerve Conduction		
1 = Yes 2 = No			Month Day Year		1 = Yes 2 = No			Month Day Year			
Immune Deficiency Diagnosed Prior to OPV Exposure? Immune Studies					Immune Studie	s Performe	ed		HIV Status		
1 = Yes 2 = No 3 = Other									1 = Positive 2 = Negative 9 = Unknown		
	ADDITIONAL COMMENTS										