



Center for Community Health and Disease Control
Male', Republic of Maldives

Health Screening Form - Influenza A (H1N1)

A report should be made when a patient fits the surveillance case definition of influenza A H1N1

This reporting form should be completed and faxed to
- NEOC by fax (3309641), attention Duty Officer, National Disaster Management Centre.

NOTE: Please notify the case immediately to NEOC by tel (3309640)

1. Reporting details

Name of Reporter: -----
Name of Port: -----
Date of Report: / / (dd/mm/yyyy)
Contact tel. No.: -----

2. Patient details

Sex (please tick) Male Female

Date of Birth / / (dd/mm/yyyy)

Age Years ----- Months-----

Current contact details:

Surname: ----- First name: -----

Full address: -----

Country: -----

Telephone number: ----- Fax number: -----

Nationality: ----- Passport number: -----

3. Symptoms

Date of onset of illness / / (dd/mm/yyyy)(As reported by the traveller)

Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diarrhoea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nausea / Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

4. Clinical Signs

Pulse: BP: Resp rate: Temp:.....

General Findings:

.....

ENT Findings:

.....

Chest findings:

.....

Other important findings (if any):

.....

5. Supplementary Details

Is the person accompanied? Yes No Unknown

If YES, complete the details below: Yes No Unknown

Passenger Name: ----- Sex: Male Female Passport No: -----

Date of Birth: ----- Age ----- Country: -----

Passenger Name: ----- Sex: Male Female Passport No: -----

Date of Birth: ----- Age ----- Country: -----

Additional Information:

6. Travel History

During the 7 days prior to the onset of symptoms, did the person travel to or reside outside his home country? Yes No Unknown

If YES complete the details below:
country / area visited

		From	To
1. -----	Length of stay	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
2. -----	Length of stay	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
3. -----	Length of stay	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
4. -----	Length of stay	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)

Date of intended return to the home country / / Port: -----

Any Additional information provide details: -----
