Suspected Polio Case Worksheet

				F	REPORT C	ONTACT						
Name (Last, First)										Initial Report Date		
								Month Day Year				
Address				City County State				State	Zip Co	ode	Phor	ie
Reporting Laboratory							1	State				
				PA	ATIENT IDE	NTIFIERS						
Name (Last, First) Birth Date												
City	/	State	Occup	pation					Month Day Year			
A O					D					Wonth		Tear
					I						Sex	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 / A = Asian / Pacific Isla B = African American W = White O = Other U = Unknown					sian / Pacific Islander rican American hite ther		ve			M = I F = F U = U	พลเอ Semale Jnknown	
Date of Onset of First Sy	mptoms	Date of Or	set of Pa	ralysis	0-0	IKIIOWII						
Month Day Ye	ar	Month	Day	Year								
				(CLINICAL (COURSE						
Clinical Course												
					CSF RES	elli Te						
D .		14/20	-				l o/ D		Τ.			01
Date		WBCs	RB	Cs	%	Lymph	% P	olys		Protein		Glucose
Month Day Ye	ar											
					OUTC							
Date of 60-day Follow Up) 	Sites of Pa	-	Speci	fic Sites	60-day Resid	dual			Date of I	Death	
	1 = Spinal 2 = Bulbar			1 = None 2 = Minor (any minor involve)				_				
Month Day Year 3 = Spir			no-bulbar			3 = Significant (≤2 extremities, major involvement) 4 = Severe (≥3 extremities and				World Day Teal		
respiratory involvement) 5 = Death												
				IDAB	ULINIZATIO	9 = Unkno	wn					
TOPV within 30 Days Pri	or to Oncet	of Sympton	ne?	Date	IUNIZATIO	N HISTORY						
,	or to onset	or Sympton	115:									
Y = Yes N = No				Month	Day	Year	L	ot Numb	er			
VACCINE	DATE 1				DATE 2				DATE	3		
IPV-containing							$\neg \vdash$	1				
Total Doses Ever Received	Month	Day Year er			Month	Day Yea	_ r	J	Month Day Year			
	Lot Numbe				Lot Number				Lot Number			
TOPV								1				
Total Doses Ever Received	Month		 Year		Month	Day Year]	Month	L n Day	J ∐Ļ	 ear
Ever Received	Lot Numbe	•			Month Day Year Lot Number				Lot Number			
BOPV												
Total Doses Ever Received	Total Doses				Month Day Year				Month Day Year			
	Lot Number	er		-	Lot Numb	er			Lot Nu	ımber		
MOPV Total Doses Ever Received	Month	Day	Year	Type	Month	Day Year	r	Type	Month	Day		Type ear 1 or
I — —	Lot Number				Lot Number				Lot Number			

					7 10 10 10 17 17 1		
INJECTIONS RE	CEIVED WITHIN 30 [DAYS PRIOR TO ONSI	ET OF ILLNESS				
Date of First Injection Substance of Fir	st Injection De	scribe	Site of First Inje	ction			
Month Day Year	_						
Date of Second Injection Substance of Se	cond Injection De	scribe	Site of Second I	njection	Substance of Injection 1 = Vaccine		
Month Day Year	_				2 = Antibiotic 3 = Other		
Date of Third Injection Substance of Thi	rd Injection De	scribe	Site of Third Inje	ection	Site of Injection 1 = Left Deltoid 2 = Right Deltoid		
Month Day Year							
Date of Fourth Injection Substance of Fo	urth Injection De	scribe	Site of Fourth In	jection	6 = Right Gluteal		
Month Day Year	_						
	EXPOSURI	E HISTORY					
	of Exposure	Date of Departure		Date of Re	turn		
to Endemic/Epidemic Area(s)? Y = Yes N = No		Month Day Year Month			Day Year		
_	of Exposure	Date of Departure		Date of Return			
Exposed to Person(s) from or Returning to Endemic Areas?							
		Month Day	Year	Month	Day Year		
Did Case/Household Member have Contact Name Location of Exposure Date of Contact							
Contact with Known Case? (Last)(First)(First)	Month D	Day Year					
Did Case have Contact with OPV Recipient?			Λαο	Age Type			
Y = Yes			Age				
Relation	Month Day		999 = Unknown Age	Age Type	Age Type		
If "Yes", Date of Contact with Nonhousehold OPV Recipie			999 = Unknown		0 = 0-120 Years 1 = 0-11 Months 2 = 0-52 Weeks 3 = 0-28 Days		
Relation ————	. Worth Day	real	999 = UNKNOWN		9 = Age Unknown		
Date Contact Received OPV							
Month Day Year Dose Number		Lot Number					
<u> </u>	LABORATORY	INFORMATION					
SERUM SPECIMENS SUBMITT	ED	SPEC	IMENS SUBMITT	ED FOR ISO	LATION		
Laboratory Name		SPECIMEN 1					
SERUM 1		Results Laborato	ry Speci- men				
P1, P2, or P3 Test Result Date Drawn/	P1, P2, or P3 Test Result Date Drawn/Obtained			Date Drawn/Obtained			
or P3 Test Result Date Drawn/ 1 = P1	year Year			Month D	Day Year		
SERUM 2		SPECIMEN 2					
P1, P2, or P3 Test Result Date Drawn/	Date Drawn/Obtained		ry Speci-				
1 = P1		Name	men Type	Date Drawn	/Obtained		
3 = P3 Month Da	ay Year						
				Month [Day Year		

LABORATORY INFORMATION (Continued)									
	SERUM SPECIMENS SENT TO CDC				SPECIMENS FOR POLIO VIRUS ISOLATION SENT TO CDC				
LABORATORY	SERUM 1 P1, P2, or P3 Tes 1 = P1 2 = P2 3 = P3	t Result 1 = Neut. 2 = CF	Date Drawn/Obtained Month Day Year	SPECIME Speci- men Type	N 1 Results (Viral Type)	Strains (Charac- terization Results)	Date Received Month Day Year Date Obtained		
	SERUM 2 P1, P2, or P3 Tes	t Result	Date Drawn/Obtained			1 = Oligo- nucleotide 2 = Genomic Sequencing 3 = Polymerase Chain React	nic Month Day Year noing Prase		
CDC T/	2 = P2 3 = P3	2 = CF	Month Day Year	SPECIME Speci- men Type	N 2 Results (Viral Type)	Strains (Charac- terization Results)	Date Received Month Day Year		
						1 = Oligo- nucleotide 2 = Genomic Sequencing 3 = Polymerase Chain React	Date Obtained Month Day Year		
EMG Conducted? EMG Results 1 = Yes 2 = No		EMG Results	Date of EMG Month Day Year	Nerve Co		Nerve Results	Date Nerve Conduction Month Day Year		
Immune Deficiency Diagnosed Prior to OPV Exposure? 1 = Yes				es Performo	ed	ı	HIV Status 1 = Positive 2 = Negative 9 = Unknown		
			ADDITIONA	L COMMEN	TS				