

## Measles Investigation Form

|  |                                 |  |
|--|---------------------------------|--|
| <b>Name:</b>   | <b>DOB</b> Y: ___ M: ___ D: ___ | <b>HCP:</b>  |
| <b>Community:</b>  |                                 | <b>Physician:</b>  |
| <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |                                 | <b>Ethnicity:</b> Dene <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Other <input type="checkbox"/> |

|   |
|---|
| <b>History of Illness</b> (onset date, duration, concurrent illness, etc.):                     |
|   |
| <b>Underlying Illness:</b>  |
|   |
| <b>Immunization History</b> (date, product lot#, dosage-including Immune Globulin):             |
|   |
| <b>If no immunization specify reason:</b>   |
|   |
| <b>Hospitalized:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Name of Hospital: |

|  |                          |  |                              |
|--|--------------------------|--|------------------------------|
| <b>Laboratory Investigation:</b>   |                          |  |                              |
| Type:  | Date: Y:      M:      D: | Result:  | Serology: Igm:<br>IgG: _____ |
| Culture: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                          | <ul style="list-style-type: none"> <li>◆ If rash is <b>less</b> than 7 days do throat swab – if <b>more</b> than seven days do urine (viral culture)</li> <li>◆ Convalescent recommended 10-14 days after 1<sup>st</sup> sample</li> </ul> |                              |
| <b><i>*Please Refer to "Red Rash Screen" in Measles section for more information about diagnostic testing.</i></b> |                          |  |                              |

|   |
|---|
| <b>Recent Activities</b> (Travel Locations, Dates, Group Meetings):   |
|   |
| <b>Daycare:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>School:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): |
| <b>Housing/Social Situation:</b> Number of people living in house: _____ Number of Rooms _____  |
| <b>Complications/Sequelae of Illness:</b>   |
|   |
| <b>Contacts</b> (If necessary use separate sheet):  |
|   |

|                          |               |
|--------------------------|---------------|
| <b>Person Reporting:</b> | <b>Title:</b> |
| <b>Place:</b>            | <b>Date:</b>  |

|                         |
|-------------------------|
| <b>OCMHO Follow-up:</b> |
|                         |
|                         |