

# Influenza Report Form

## Hospitalized or Fatal Cases



Montgomery County  
Office of Public Health

Division of Communicable Disease Control and Prevention  
PO Box 311, Norristown, PA 19404-0311  
Telephone: 610-278-5117 Fax: 610-278-3971

Complete this form to report suspected and confirmed cases of Influenza that are hospitalized or fatal.

### PATIENT INFORMATION:

Last Name:	First Name:	DOB: Age:	Sex:	Race: Hispanic:
Street Address:		City:		Zip Code:
Phone Number:	Lives in LTCF: Name:	Attends Daycare: Name:		

### LABORATORY INFORMATION:

Specimen Collection Date:	Please Check all that apply:	
	Rapid Culture Not Tested	Physician Diagnosed PCR Other: _____
Laboratory Name:	Test Results:    A    B    Unspecified	

### HOSPITALIZATION:

Hospital Name:	Admitted:	Discharged:
	Admitted to ICU:	

Did Patient Die?

Was influenza a contributing factor?

*If yes, please attach death certificate.*

### CLINICAL INFORMATION:

Onset Date:	Highest temp (F): _____	Cough	Sore Throat	Congestion
	Vomiting	Diarrhea	Headache	Pneumonia
	Chills	Body Aches	Other: _____	

Underlying Medical Condition:    None    Pregnant    Immunocompromised, *if yes specify* \_\_\_\_\_

### TREATMENT AND VACCINATION HISTORY:

Were <u>antivirals</u> prescribed:	Is patient currently immunized against influenza?
If yes, medication name:	Date:
	If yes, please specify:

Did patient have animal contact?

If yes, please specify:

Did patient travel?

If yes, please specify:

### REPORTING FACILITY

Facility Name:	Reporter Name:	Reporter Phone:	Report Date:
----------------	----------------	-----------------	--------------

Upon completion, please fax report to 610-278-3971 or email OPHflu@montcopa.org. For questions, please call 610-278-5117.

PA NEDSS Investigation ID: \_\_\_\_\_

DIS: \_\_\_\_\_