SHETH VADILAL SARABHAI GENERAL HOSPITAL AND
SHETH CHINAI MATERNITY HOSPITAL
ELLIS BRIDGE, AHMEDABAD – 380006.
Phone: 079 - 265 77 621 To 24 ext. 230
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CASE REPORT FORM : HEMORRHAGIC FEVER

REPORTING INFORMATION

Name of Doctor/ Health Officer _____ Phone _____

Designation/Hospital _____ E-Mail _____

Specimen	Date collected	LABEL on vial	NIV No.(NIV staff only)	Quality/Quantity	Laboratory	Remarks
Serum						
Blood						

PATIENT INFORMATION

Name (first) _____ (Middle) _____ (Last)_____ Age ____ Yrs Sex : M F

Address _____ Phone(s)_____ Email _____

Village/ Town/ City _____ District _____ State _____

Occupation _____ Workplace _____

EXPOSURE HISTORY

☐ Tick bite/s in previous 3 weeks ☐ Contact with livestock/animals in previous 3 weeks

☐ Direct physical contact with patients in home ☐ Direct physical contact with patient in health care settings

☐ Contact with body fluids of patients with similar illness of suspected patient ☐ Handling of clinical specimen

Underlying Disease/s ☐ **Yes** ☐ **No** if yes details _____

Vaccinations in last month ☐ **Yes** ☐ **No** if yes details _____

CLINICAL INFORMATION

ILLNESS / COMPLAINTS Onset date of illness: ___/___/___ Place where patient fell ill : _____

☐ Fever _____ Days _____ ☐ Headache ☐ Rash, _____ Days, _____

☐ Bleeding, ☐ Skin ☐ Gums ☐ Eyes ☐ Stool ☐ Vomit ☐ Nose ☐ Vagina ☐ Urine ☐ Injection sites _____

☐ Muscle aches or pain (Myalgia) ☐ Joint pain ____ Days _____ ☐ Eye pain or Retro-orbital pain

☐ Vomiting / Nausea ☐ Diarrhea ☐ Abdominal pain

☐ Loss of Appetite ☐ Fatigue ☐ Jaundice/ yellow eyes

☐ Seizures/ convulsions (new) ☐ Stiff neck ☐ Altered sensorium/ behavior

☐ Difficulty breathing/ shortness breath **Any other complaints**

_____

HOSPITALIZATION DETAILS

Hospitalized? Yes /No , if yes Admitted ___/___/___ Discharged __/___/___ Died from illness No/Yes, date__/__/____

Diagnosis _____ Differential diagnosis _____

Treatment _____ Remarks _____

☐ Highest measured temp: _____ °F

☐ Rash Type_____ Site _____

☐ Hemorrhagic signs _____

☐ Lymphadenopathy _____

☐ Respiratory _____

☐ Cardiac _____

☐ Abdominal signs _____

☐ CNS signs _____

☐ Complications, specify:- _____

☐ Sequelae, specify: _____

☐ Leucopenia, TLC _____ _____

☐ Lymphocyte predominance, L% _____

☐ Thrombocytopenia, Platelet count _____

☐ Hypoproteinemia, Total_____ Albumin _____

☐ Electrolyte Disturbances _____

☐ Impaired LFT, Bilirubin _____SGOT_____ SGPT_____

☐ Raised LDH _____

☐ Raised CPK _____

☐ Raised PT/PTT _____

☐ Impaired KFT, Blood Urea _____ Serum Creatinine_____

Date : ___/___/_____ **Signature :** _____