



2 Peachtree St NW, 15th Floor  
Atlanta, Georgia 30303-3142  
www.health.state.ga.us

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### Dengue Case Report Form

#### Patient

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
  
Date of Onset: \_\_\_\_\_ Sample Collection: \_\_\_\_\_  
Travel 10 days prior to onset? \_\_\_\_\_ Location? \_\_\_\_\_  
History of yellow fever vaccination? \_\_\_\_\_

#### Physician

Name: \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Symptoms

Hospitalized? \_\_\_\_\_ Fatal outcome? \_\_\_\_\_  
Fever? \_\_\_\_\_ Platelets <100,000? \_\_\_\_\_  
Evidence of hemorrhage or increased vascular permeability? \_\_\_\_\_  
\_\_\_\_\_  
Other prominent symptoms: \_\_\_\_\_

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*Please fax completed form to Melissa Ivey, MPH, Zoonotic & Vectorborne Disease  
Epidemiologist, Georgia Department of Public Health, at 404-656-4278. If you have questions  
please call 404-657-6442.*