Arboviral Case Report
Georgia Department of Public Health

Patient Information

Last Name_____ First Name _____ Middle Name _____

Street Address_____ City _____ State _____

Zip Code _____ County _____ Telephone _____

Date of Birth _____ Age _____ Years Months Weeks

Gender: ☐ Male ☐ Female ☐ Unknown

Race: ☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Multi-racial ☐ Unknown ☐ Other _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Probable Location or County of Exposure _____

Reporting Information

Reported by

Last Name _____ First Name _____ Title _____

Telephone _____ Hospital/Practice _____

Physician requesting testing (if different than person reported by) _____

Telephone _____ Hospital/Practice _____

Clinical Information

Date of Onset _____

Current Diagnosis: ☐ Encephalitis ☐ Meningitis ☐ Guillain-Barre Syndrome/Flaccid Paralysis ☐ Uncomplicated Fever

Hospitalized: ☐ Yes ☐ No ☐ Unknown Admission Date: _____ Hospital: _____

Died: ☐ Yes ☐ No ☐ Unknown Date of Death: _____

Symptoms (select all that apply): ☐ **Fever ____°F OR ☐ Subjective fever**

☐ Chills or rigors	☐ Headache	☐ Fatigue or malaise	☐ Rash
☐ Nausea or vomiting	☐ Diarrhea	☐ Myalgia	☐ Arthralgia
☐ Arthritis	☐ Paresis or paralysis		☐ Stiff neck
☐ Ataxia	☐ Parkinson or cogwheel rigidity		☐ Altered mental status
☐ Seizures	☐ Other symptoms _____		

Medical History

Did patient **receive** blood or blood products or solid organ(s) within 4 weeks *prior* to illness onset?
☐ Yes ☐ No ☐ Unknown

Did patient **donate** blood or blood products or solid organs(s) within 2 weeks *prior* to illness onset?
☐ Yes ☐ No ☐ Unknown

Has patient received hemodialysis within 4 weeks *prior* to illness onset?
☐ Yes ☐ No ☐ Unknown

Is the patient pregnant?
☐ Yes ☐ No ☐ Unknown

Specimen Information

Serum 1 (Acute)
Collection Date _____
IgM results _____
IgG results _____
Other results _____
Laboratory _____

Serum 2 (Convalescent)
Collection Date _____
IgM results _____
IgG results _____
Other results _____
Laboratory _____

Cerebrospinal fluid (CSF)
Collection Date _____
IgM results _____
IgG results _____
Other results _____
Laboratory _____