

**Arboviral Case Report
Georgia Department of Public Health**

PATIENT INFORMATION
(PLEASE PRINT INFORMATION LEGIBLY)

PATIENT #: _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
STREET: _____ CITY: _____ STATE: _____
ZIP CODE: _____ COUNTY: _____ TEL #: (_____) _____
DATE OF BIRTH: ____ / ____ / ____ AGE: _____ Circle if: Years Months Weeks
GENDER: ___ Male ___ Female ___ Unknown
RACE: ___ White ___ Black ___ Am. Indian/Alaska Native ___ Asian/Pacific Islander ___ Multi-racial ___ Unknown
ETHNICITY: ___ Hispanic ___ Non-Hispanic ___ Unknown

REPORTING INFORMATION

REPORTED BY

Last name: _____ First name: _____ Title: _____
Tel/Pager: (_____) _____ Hospital/Practice: _____

PHYSICIAN REQUESTING TESTING (if different than person reported by)

Last name: _____ First name: _____ Tel/Pager: (_____) _____

SPECIMEN INFORMATION

Type of Specimen: ___ Acute Serum ___ Convalescent Serum **DATE COLLECTED:** ____ / ____ / ____
___ Spinal Fluid **DATE COLLECTED:** ____ / ____ / ____
Reason for Testing: ___ Diagnosis ___ Follow-up

CLINICAL INFORMATION

DATE OF ONSET OF FIRST SYMPTOM(S): ____ / ____ / ____
Current Diagnosis Encephalitis Meningitis Guillain-Barre Syndrome / Flaccid Paralysis Febrile Illness
Note: To qualify for testing at GPHL, patients must meet certain clinical criteria. Visit <http://dph.georgia.gov/documents/testing-west-nile-virus-forms-and-instructions> to determine if patient qualifies for testing, or call the district health office or Georgia Department of Public Health at 404-657-2588.
Does patient meet criteria for testing at GPHL? _____ Yes _____ No
HOSPITALIZED? Yes / No If yes, Admission Date: ____ / ____ / ____ Hospital: _____
PATIENT DIED? Yes/No
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 within 2 weeks *prior* to illness onset? Yes / No / Unknown
Has patient received hemodialysis within 4 weeks *prior* to onset of illness? Yes / No / Unknown
Is patient pregnant? Yes / No / Unknown

Revised 06/14

Please complete and fax this form to the Arboviral Infections Surveillance Coordinator, Georgia Department of Public Health at 404-656-4278 and submit a copy of this form when sending the serum and/or spinal fluid specimens to the GA Public Health Laboratory. Please call 404-657-2588 for more information.