

Patient Summary Form for Suspect Avian Influenza A/H5 Infection

First: _____ Last: _____ Sex: M F

DOB: _____ Age: _____ County of Residence: _____

Health Department: _____ LHD Primary Contact: _____

Reporting Facility: _____ Physician: _____ Physician Phone: _____

Date of Last Known Exposure: _____ Illness Onset Date: _____

Symptoms: Fever (Temp: _____°F) Cough Sore throat Congestion Conjunctivitis

Difficulty breathing Sneezing Fatigue Myalgia Headaches Shortness of breath

Nausea Vomiting Diarrhea Seizures Rash Other: _____

Was Patient Hospitalized? Yes No Admission Date: _____

Facility: _____ ICU Admission: Yes No ICU Admission Date: _____

Have Antivirals Been Given: Yes No If Yes, What Type: _____

Date Antivirals Started: _____ Dose given: _____

Was the Patient Vaccinated for the Current Influenza Season? Yes No

Was an Influenza Test Performed: Yes No Date of test: _____

Test Type: _____ Result: _____

Additional Testing to be Performed at MDHHS: Yes No

If Yes, Specimen Collection Date: _____

Date Specimen Expected to Arrive at Bureau of Labs: _____

MDHHS BoL Micro-Virology Test Requisition Completed / Included: Yes No

Occupation: _____ Place of work: _____

Exposure Information/Notes: _____

Please report any suspect cases immediately to MDHHS at (517) 335-8165 or (517) 335-9030 after hours or weekends. Fax completed form to (517) 335-8263.