HAFFKINE INSTITUTE FOR TRAINING RESEARCH & TESTING

ACHARYA DONDE MARG, PAREL, MUMBAI 400012

TEL: 24160947, 24160961, 24160962; FAX: 24161787; E-MAIL: haffkineinstitute@gmail.com

CLINICAL & EPIDEMIOLOGICAL DATA FOR H1N1 INFLUENZA

Name of Doctor / Health Personnel			
Name of Hospital			
Hospital Address			
Hospital Tel. No.			
Filled By		**Date**	

PATIENTS NAME					
CR / OPD / REG No.		Age			
Sex	Male / Female	Tel. No			
Address					
		Occupation			
Date of Onset of Illness		Total OPD attendees			
CLINICAL SIGNS & SYMPTOMS					
Temperature Axilla >38°C	Yes ☐ No ☐	Sore Throat	Yes ☐ No ☐		
Temperature Oral >38.5°C	Yes ☐ No ☐	Nasal Catarrh	Yes ☐ No ☐		
Cough	Yes ☐ No ☐	Shortness of breath / Difficulty in Breathing	Yes ☐ No ☐		
Headache	Yes ☐ No ☐	Vomiting	Yes ☐ No ☐		
EXPOSURE HISTORY					
International Travel	Date of Visit		Country		
Close Contact with a person (within 7 days) who is confirmed case of Influenza A (H1N1)				Yes ☐	No ☐
Travel to a community (within 7 days) where 1 or more confirmed cases of Influenza H1N1 have been reported				Yes ☐	No ☐
Reside in a community where 1 or more confirmed cases of Influenza H1N1have been reported				Yes ☐	No ☐
SAMPLE COLLECTION					
Date of Collection		No. of samples			
Type of Sample Collected: Throat Swab / Nasal Swab / Other:					
Whether Treatment Taken Yes ☐ No ☐					
Details of the Treatment:					
INVESTIGATIONS DONE					
Chest X-Ray Findings:					

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Sample ID: _____ **Result: Positive / Negative / Not done** **Details:** _____