

Post Earthquake Disease Surveillance System (Govt. of Gujarat and WHO)

Basic form for suspected cases of epidemic potential

Date:

Full name and detailed address of patient, so that the patient can be located in field :

Age and sex :

Date of onset of illness :

Symptoms and signs :

Provisional diagnosis :

Laboratory investigations :

Travel history :

Immunization history :

Similar illness in the family/neighbourhood of the patient :

Date given to the patient for follow-up consultation :

Any other comments :

Name and address of the Doctor/Hospital :

Tel :