# Measles Surveillance Worksheet

## Patient Information

**NAME (Last, First)**  
**Event Date**  
**Birth Date**  
**Age Type**  
**Ethnicity**  
**Race**  
**Sex**  
**Address (Street and No.)**  
**City**  
**County**  
**Zip**  
**Phone**  

## Laboratory Information

**Reporting Physician/Nurse/Hospital/Clinic/Lab**  
**Hospital Record No.**  
**Change Laboratory**  
**Telephone**  
**Date Specimen Taken**  
**Number of doses received**  
**Reason Codes**  
**Outbreak Related?**  
**Source of Exposure For Current Case**  
**Epi-Linked To Another Confirmed or Probable Case?**  
**Is Case Traceable Within 2 Generations to an International Import?**  

## Clinical Information

**Any Rash?**  
**Rash Onset**  
**Rash Duration**  
**If Recorded, highest Measured Temp.**  
**Any Fever?**  
**Cough?**  
**Coryza?**  
**Conjunctivitis?**  

## Vaccine History

**Vaccination Date**  
**Vaccine Type**  
**Vaccine Manuf.**  
**Lot Number**  
**Reason Codes**  
**Vaccine Type Codes**  

## Measles Surveillance Worksheet

**APPENDIX 7**

--- DETACH HERE and transmit only lower portion if sent to CDC ---
### Case Classification*

**Suspected:** Any febrile illness accompanied by rash.

**Probable:** A case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case.

**Confirmed:** A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically-linked to a confirmed case. A laboratory-confirmed case does not need to meet the clinical case definition.

### Clinical Case Definition*

A generalized rash lasting ≥ 3 days, a temperature ≥ 101.0°F (≥38.3°C), and cough, coryza, or conjunctivitis.

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### Activity History For 18 Days Before Rash Onset and 7 Days After Rash Onset

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<th>Day</th>
<th>Activity History</th>
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