**Alabama Department of Public Health**
**West Nile Virus Surveillance Form**
**P.O. Box 303017 Montgomery, AL 36130-3017**
**PH: 1-800-338-8374 FAX: 334-206-5967**

## Patient Information

Name: _____ _____ _____ _____/_____/_____
Last First MI Date of Onset

Address:_____ _____ ____ _____ _____
Street City State Zip County

Telephone: Home (_____)_____-_____ Work (_____)_____-_____ Other ____ _____

DOB: ____/_____/_____ Age: _____ Sex:_____ Race: _____ Occupation: _____

Attending Physician: _____ Physician Telephone: _____

Hospitalized: ☐ Y ☐ N ☐ Unk Hospital: _____ City: _____ __

Date of Admission: _____/_____/_____ Date of Discharge: _____/ _____/_____ Status _____(Recovered,home,died)

Date of Death: _____/_____/_____

## Symptoms

| | Y | N | U | | Y | N | U |
|---|---|---|---|---|---|---|---|
| Fever: | ☐ | ☐ | ☐ (_____F) | Headache: | ☐ | ☐ | ☐ |
| Stiff Neck: | ☐ | ☐ | ☐ | Altered Mental Status: | ☐ | ☐ | ☐ |
| Confusion: | ☐ | ☐ | ☐ | Seizure: | ☐ | ☐ | ☐ |
| Muscle Weakness: | ☐ | ☐ | ☐ | _____ Describe | | | |
| Other Neurologic Signs: | ☐ | ☐ | ☐ | _____ Describe | | | |
| Rash: | ☐ | ☐ | ☐ | _____ Distribution and character | | | |

## Laboratory Information

**CSF:** WBC: _____ Differential: Seg (%) _____ Lymphs (%):_____ Glucose: ____ Protein: ____

| Specimen | CSF | Acute Serum (S1) | Convalescent (S2) | Other: |
|---|---|---|---|---|
| Date Collected | | | | |
| IgM ELISA | | | | |
| IgG ELISA | | | | |
| PCR Result | | | | |
| Other Test | | | | |
| Lab Where Tested | | | | |

## Vaccine/Travel History

Has the patient ever had: ☐ Military Service ☐ Yellow fever vaccine ☐ Japanese Encephalitis Vaccine
☐ Dengue Fever ☐ Flavivirus Infection

In the 2 weeks prior to onset, did the patient:

| | Yes | No | Unknown | If Yes, where? | If yes, dates: |
|---|---|---|---|---|---|
| Travel outside the United States? | | | | | |
| Travel outside Alabama? | | | | | |

**Comments:**

Completed by: _____ Date: ___/___/_____ Revised 9/4/2002