**Reporting a Suspect Case of Avian Influenza H5N1 Worksheet**

This worksheet was designed to assist healthcare providers with collection of key information that will be used to determine whether H5N1 testing is warranted.

### Demographics

- **Patient Name______________________________**
- **County of residence________________________**
- **Age___ years**
- **DOB_____/_____/________**
- **Gender__ male __female**

### Clinical Findings

- **Date of onset of first symptom_____/_____/_______**

#### Symptoms / Signs

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Fever &gt; 38º C</th>
<th>Rhinorrhea</th>
<th>Abdominal pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cough</td>
<td>Conjunctivitis</td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td>Dyspnea</td>
<td>Myalgias</td>
<td>Vomiting</td>
</tr>
<tr>
<td></td>
<td>Sore throat</td>
<td>Fatigue</td>
<td>Diarrhea</td>
</tr>
<tr>
<td></td>
<td>Headache</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Travel History

#### Itinerary

*Include information on countries in which the case visited in the 10 days prior to symptom onset*

<table>
<thead>
<tr>
<th>Country Traveled To</th>
<th>Arrival Date</th>
<th>Departure Date</th>
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<tbody>
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</tbody>
</table>

#### Flight information

*Include flight information for flights that occurred 10 days prior to 5 days after symptom onset*

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Flight #</th>
<th>Date of flight</th>
<th>Departure City / Airport</th>
<th>Arrival City / Airport</th>
</tr>
</thead>
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</table>

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**Exposure History**

*Please check all exposures that occurred in the 10 days prior to symptom onset*

- Touched / handled sick or dead poultry
- Handled / consumed raw poultry
- Visited live bird market
- Had direct contact with surfaces contaminated with poultry feces
- Touched / handled sick or dead wild birds
- Came within 3 feet of a known or suspect human case of avian influenza H5N1
- Came within 3 feet of a person who was hospitalized or died of a severe unexplained respiratory illness

**Evaluation**

*Respiratory specimen collected?*
- Yes
- No

*If yes, check all types of respiratory specimens collected*
- Oropharyngeal swab
- Nasopharyngeal swab
- Nasal swab
- Nasal wash
- Nasal aspirate
- Other__________________
- Other__________________

**Contact Follow-up**

# individuals who traveled with suspect case______
# individuals who traveled with suspect case with flu-like illness______
# household contacts to suspect case_____
# household contacts to suspect case with flu-like illness______

**Additional Notes**

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