



### Novel A Influenza (Screening Form)

Fax Form To:

#### REPORTING INFORMATION

For NJDHSS Use Only

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewer \_\_\_\_\_

E- # \_\_\_\_\_

CDRSS # \_\_\_\_\_

PHEL Specimen# \_\_\_\_\_

Reported by:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact #: \_\_\_\_\_

#### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

Occupation: \_\_\_\_\_

Race (check all that apply)

- White
- Black/African American
- Asian
- American Indian/Alaska
- Native Hawaiian/Pacific Islander
- Other/Unknown

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

#### CLINICAL INFORMATION

Was the patient evaluated by a healthcare provider?  Yes  No  Unknown If yes, provide information below.

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

During the course of illness, was patient hospitalized?

Yes  No  Unknown

If yes: Name of hospital \_\_\_\_\_

Was patient in ICU?  Yes  No  Unknown

Was the patient intubated?  Yes  No  Unknown

#### SIGNS AND SYMPTOMS

Y N UNK

- Fever 100.4 °F (>38 °C)  
Onset Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Were fever reducing drugs taken prior to temperature reading?
- Feverish (temperature not taken)
- Cough
- Sore throat
- Shortness of breath
- Conjunctivitis
- Diarrhea

#### CLINICAL FINDINGS

Y N UNK

- Radiographically confirmed pneumonia
  - Acute respiratory distress syndrome (ARDS)
  - Other illness
- If yes, please describe: \_\_\_\_\_
- \_\_\_\_\_

#### LABORATORY TESTING

Was Rapid Antigen Test performed for influenza?  YES  NO  UNKNOWN If yes, date collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result

Influenza A  Influenza B  Influenza (type not specified)  Negative  Pending

#### RISK FACTORS

In 10 days prior to symptom onset.....

Y N UNK

- History of travel to an area where swine influenza H1N1 documented in animals and/or humans (i.e., California, Texas)
- History of travel to an areas where other severe respiratory infections have been identified (i.e., Mexico)
- Close contact (within 6 feet) of an ill patient who was confirmed or suspected to have swine influenza
- Close contact (within 6 feet) of a ill patient who has traveled to one of the areas above
- Recent exposure to pigs
- Works with live influenza virus in a laboratory.

Y = Yes N=No UNK = Unknown