**Fax completed form to Alberta Health, CD: 780-415-9609**

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| **SECTION 1: PERSONAL IDENTIFIERS** |
| Birth Date: Choose a date | **NDR#**       |
| Gender: [ ]  Male [ ]  Female [ ]  Other [ ]  Unknown  | Municipality:       |
| **SECTION 2: CLINICAL FINDINGS** |
| **Diagnosis Date:** Choose a date | **Date medical attention sought:** Choose a Date |
| **Hospitalized?**  | [ ]  No  | [ ]  Unknown  | [ ]  Yes | If Yes, number of times hospitalized:      |
| **Name of Hospital** | **Admit Date** | **Discharge Date** |
| 1.       | Choose a date | Choose a date |
| 2.       | Choose a date | Choose a date |
| 3.       | Choose a date | Choose a date |
| **Fatal** 🡪 Death Date:        | [ ]  Died from disease[ ]  Disease contributed to death (secondary cause)  | [ ]  Died – other causes[ ]  Died – unknown cause |
| **Autopsy performed?** | [ ]  No | [ ]  Unknown | [ ]  Yes  | 🡪 Was autopsy exam compatible with non-cardiogenic pulmonary edema?  | [ ]  Yes [ ]  No [ ]  Unk |
| **Fever >38.3oC** | [ ]  No | [ ]  Unknown | [ ]  Yes |
| **O2 Sats ≤ 90% at any time during illness?** | [ ]  No | [ ]  Unknown | [ ]  Yes |
| Chest X-Ray shows bilateral pulmonary infiltrates? | [ ]  No | [ ]  Unknown | [ ]  Yes  | 🡪 Date of CXR: Choose a date |
| **Respiratory compromise requiring supplemental O2?** | [ ]  No | [ ]  Unknown | [ ]  Yes |
| **Intubated and mechanically ventilated?** | [ ]  No | [ ]  Unknown | [ ]  Yes  | 🡪 Date of initial intubation: Choose a date |
| Extracorporeal Membrane Oxygenation (ECMO)? | [ ]  No | [ ]  Unknown | [ ]  Yes | 🡪 Date ECMO started: Choose a date🡪 Number of Days:       |
| Treatment with Ribavirin? | [ ]  No | [ ]  Unknown | [ ]  Yes  | 🡪 Date treatment started: Choose a date |
| Low platelet count (≤150,000)? | [ ]  No | [ ]  Unknown | [ ]  Yes | 🡪 Indicate lowest platelet count:      🡪 Date of lowest platelet count: Choose a date |
| Elevated hematocrit? | [ ]  No | [ ]  Unknown | [ ]  Yes | 🡪 Indicate highest hematocrit:      🡪 Date of highest hematocrit: Choose a date |
| History of underlying medical conditions? | [ ]  No | [ ]  Unknown | [ ]  Yes | Specify:       |

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| **Other possible explanations for acute illness (e.g. sepsis, burns, trauma)?**       |
| Other clinical comments:       |
| **SECTION 3: EXPOSURE HISTORY** |
| **Occupation:**       | **Place of work (to nearest municipality):**       |
| **In the 6 weeks prior to onset of illness was there exposure WITHIN Alberta to rodents or their excretions?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Date of Exposure** | **Home/Recreation/Work?** | **Location of Exposure** *(to nearest municipality)* | **Description of Exposure***(e.g. found mouse droppings while cleaning garage)* | **Exposure to***(e.g., mice…)* |
| Choose a date | Choose one |       |       |       |
| Choose a date | Choose one |       |       |       |
| Choose a date | Choose one |       |       |       |

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| **SECTION 4: TRAVEL HISTORY** |
| **In the 6 weeks prior to onset of illness did case travel outside of Alberta?**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **If Yes, please provide travel dates and location:** |
| **Date Arrived at Location** | **Date Left Location** | **Resort Name/Destination Details** | **Municipality** | **Prov/Terr/State** | **Country** |
| Choose a date | Choose a date |       |       |       |       |
| Choose a date | Choose a date |       |       |       |       |
| Choose a date | Choose a date |       |       |       |       |
| **SECTION 5: LABORATORY FINDINGS** |
| **Specimen #** | **Report Date** | **Collection Date** | **Specimen Type**(e.g. blood, lung tissue) | Test Performed(e.g. Hantavirus PCR) | Test Result(e.g. Positive) |
|       | Choose a date | Choose a date |       |       |       |
|       | Choose a date | Choose a date |       |       |       |
|       | Choose a date | Choose a date |       |       |       |
| **SECTION 6: ADDITIONAL INFORMATION/REPORTING** |
| **Submitter:**       | **FNIHB location Reporting:** Choose one |
| **Telephone number:** (   )    **-**     ext       | **Date Reported to Alberta Health**: Choose a date |
| **Comments:**       |