|  |  |
| --- | --- |
| **FAX completed form to Alberta Health, CD: 780-415-9609** | [ ]  **INITIAL REPORT**[ ]  **AMENDMENT** |
| **SECTION 1: CASE DEFINITION** |
| **Confirmed Case:** [ ] Enterovirus D68 |
| **SECTION 2: REPORTING INFORMATION** |
| **Date case investigation opened:** *Choose a date* | **Date reported to Alberta Health:**  *Choose a date* |
| **Submitter:** Submitter Name | **FNIHB location Reporting:**  *Choose one*  |
| **Telephone number:** Enter telephone # | **Outbreak Associated?** [ ] No [ ] Yes **If Yes: EI#:** Enter EI# |
| **SECTION 3: PERSONAL IDENTIFIERS** |
| **PHN:** Enter PHN | **Gender:** [ ] Male [ ]  Female [ ]  Other [ ]  Unknown | **Birth Date:**  mm/dd/yyyy |
| **Name:** *Last*  Enter Last Name | *First* Enter First Name |
| **Address:**  Enter Address | **Municipality:**  Enter Municipality | **Postal Code:**  Enter Postal Code |
| **Province:**  Enter Province | **Country:**  Enter Country | **Lives on Reserve** [ ] No [ ] Yes |
| **Ethnicity:**  | [ ]  Caucasian[ ]  Black | [ ]  First Nations[ ]  Inuit  | [ ]  Métis[ ]  Latin American  | [ ]  Asian[ ]  Other Asian | [ ]  Middle Eastern[ ]  Unknown | [ ]  Other,Specify: Enter Other |
| **SECTION 4: CLINICAL FINDINGS** |
| **Onset Date:**  *Choose a date* | [ ]  **Unable to contact** [ ]  **Lost to follow-up** |
| **Hospitalized?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Admitted to ICU?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Acute flaccid paralysis?**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Severe respiratory illness?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Other: specify**  Enter Other |
| **Fatal** 🡪 Death Date:  *Choose a date* | [ ]  Died From disease[ ]  EV-D68 contributed to death (secondary cause)  | [ ]  Died – other causes[ ]  Died – unknown cause |
| **SECTION 5: RISK FACTORS** |
| **History of asthma or other chronic respiratory illness?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Immunocompromised?** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Comments:**  Enter Comments |