

Hantavirus Pulmonary Syndrome Case Report Form

Please return this form to Surveillance & Statistics Section along with your Weekly Morbidity By Place Of Report.

Patient's Last Name,	First Name:	Middle Name:	Patient's Mailing Address:
Date of Birth: _____ / _____ / _____	Age: _____	Sex: M F	Occupation: _____
Health Jurisdiction: _____	Race/Ethnicity: [] White [] Black [] Asian/Pacific Islander [] American Indian/Alaska Native [] Hispanic [] Non-Hispanic [] Unk		

Date of Onset and Hospitalization History

Onset Date: _____ / _____ / _____	Was patient hospitalized for this illness? [] Yes [] No [] Unk
Name of Hospital: _____	
Location of Hospital: _____	
Dates in Hospital: From: _____ / _____ / _____ to _____ / _____ / _____ From: _____ / _____ / _____ to _____ / _____ / _____	
Medical Record #: _____	

Clinical Signs, Symptoms and Laboratory Values

Did the patient have any of the following?	(Circle)	Additional Information:
Fever > 101° F(38.3° C):	Yes No Unk	Highest Fever: _____
Thrombocytopenia (platelets , 150,00/mm ³):	Yes No Unk	Lowest platelet count: _____
Elevated Hematocrit (Hct):	Yes No Unk	Highest Hct: _____
Chest X-ray with unexplained bilateral interstitial infiltrates or suggestive of ARDS?	Yes No Unk	Date Performed: _____
Oxygen saturation < 90% at any time?	Yes No Unk	
Was patient intubated?	Yes No Unk	Date Performed: _____
WBC: _____	Total Neutrophils: _____ %	Banded Neutrophils: _____ % Lymphocytes: _____ %
History of any relevant underlying medical condition (i.e. COPD, malignancy, immunosuppression, diabetes)?		
Other possible explanations for acute illness (i.e. sepsis, burns, trauma)?		
History of rodent exposure in 6 weeks prior to illness? [] Yes [] No [] Unk		
Date of exposure: _____ / _____ / _____ Type of rodent: _____ Place of exposure: _____		
Outcome of illness? [] Alive [] Dead (if deceased, date of death) _____ / _____ / _____ [] Unk		
If deceased, was an autopsy performed? [] Yes [] No Evidence of non-cardiogenic pulmonary edema? [] Yes [] No		
Laboratory Tested for Hantavirus serum antibody? [] Yes [] No		
If YES, specimen collection date: _____ Lab name: _____ Antigen used: _____		
Result: IgM _____ IgG _____ Combined or unspecified _____		
Investigator's Name: _____	Telephone: _____	Today's Date: _____
Comments: _____		