

Enterovirus Case History Form

Los Angeles County Department of Public Health
Acute Communicable Disease Control Program



For severe enteroviral cases in children:

1. Admitted to (P/N)ICU or died
2. Aged less than 18 years
3. Positive enterovirus laboratory result

Patient information

Last name _____ First name: _____ DOB ___/___/___ Sex: F M

Patient's medical record # _____ Mother's name: _____

Street address: _____

City: _____ Zip code: _____

Race: White Black Native american Asian/PI Other Unknown

Ethnicity: Hispanic Non-Hispanic

Clinical history

Date onset of symptom(s):
_____/_____/_____

Date of admission to (P/N)ICU:
_____/_____/_____

Did patient die? Yes No
If yes, date of death: ____/____/_____

Enterovirus test *Please submit all laboratory results*

Results date ____/____/_____

Specimen site (please check all that apply):
CSF Rectal Blood Other: _____

Laboratory test (please check all that apply):
PCR Culture Enterovirus serum antibody

Please submit the following documentation *(Check all included)*

- History and physical
- All consultation reports

- Laboratories
- CBC
 - Microbiology (viruses/bacteria)

- ECG report, if completed
- Chest X-ray (radiology report), if completed
- MRI report, if completed
- CT report, if completed

If patient is aged less than one month, please provide the following:

- Mother's medical record #: _____
- Birth record
- Mother's microbiology (viruses/bacteria) labs

Submitter's contact information

Name: _____ Facility: _____

Phone/pager: _____ E-mail: _____

**Thank you! Please feel free to contact Kanta Sircar (213) 240-7941 with any question
Fax to (213) 482-4856**