

<b>* CASE ACCESSION NUMBER</b>	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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# VACCINE PREVENTABLE DISEASE INVESTIGATION FORM

(FOR DIPHTHERIA, H. INFLUENZAE, MENINGOCOCCAL, MEASLES, MUMPS, PERTUSSIS, RUBELLA, AND TETANUS CASES)

**CASE FORM**

## \*I. CASE IDENTIFICATION

subject > client details > personal information

1. <b>*LAST NAME</b>		2. <b>*FIRST NAME</b>		3. <b>*DATE OF BIRTH</b> <small>YYYY - MM - DD</small>	
4. <b>ALTERNATE LAST NAME</b>			5. <b>ALTERNATE FIRST NAME</b>		
6. <b>*SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. <b>GENDER IDENTITY (VOLUNTARY, SELF-REPORTED)</b> <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> DECLINED <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> OTHER (SPECIFY IN BOX 8)			8. <b>IF OTHER GENDER IDENTITY, SPECIFY</b>
9. <b>*REGISTRATION NUMBER (FORMER MHSC)</b> <small>6 DIGITS</small>		10. <b>*HEALTH NUMBER (PHIN)</b> <small>9 DIGITS</small>		11. <b>ALTERNATE ID</b> <small>SPECIFY TYPE OF ID</small>	
12. <b>*ADDRESS AT TIME OF DIAGNOSIS</b> → <input type="checkbox"/> <b>ADDRESS IN FIRST NATION COMMUNITY</b>				13. <b>*CITY/TOWN/VILLAGE</b>	
14. <b>*PROVINCE/TERRITORY</b>		15. <b>*POSTAL CODE</b> <small>A#A #A#</small>		16. <b>*PHONE NUMBER</b> <small>### - ### - ####</small>	
17. <b>ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY)</b> <input type="radio"/> AFRICAN <input type="radio"/> EUROPEAN (INCLUDES EASTERN EUROPE) <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> DECLINED <input type="radio"/> ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES) <input type="radio"/> LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO) <input type="radio"/> OCEANIA (INCLUDES PACIFIC ISLANDS) <input type="radio"/> NOT ASKED <input type="radio"/> CARIBBEAN <input type="radio"/> NORTH AMERICAN (INCLUDES CANADA, USA) <input type="radio"/> UNKNOWN					
18. <b>INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)</b> <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		19. <b>FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)</b> <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		<b>MHSU USE ONLY</b>	
20. <b>IMMIGRATION STATUS AT TIME OF ARRIVAL (VOLUNTARY - COMPLETE BOXES 25 AND 26 IF BORN OUTSIDE CANADA)</b> <input type="radio"/> CANADIAN BORN CITIZEN <input type="radio"/> DECLINED <input type="radio"/> LANDED IMMIGRANT <input type="radio"/> NOT ASKED <input type="radio"/> REFUGEE <input type="radio"/> OTHER (SPECIFY BELOW) <input type="radio"/> STUDENT <input type="radio"/> VISITOR <input type="radio"/> WORK PERMIT		21. <b>DATE ARRIVED IN CANADA</b> <small>YYYY</small>	22. <b>COUNTRY EMIGRATED FROM</b> <small>SPECIFY</small>		
23. <b>ALTERNATE LOCATION INFORMATION (IF ANY)</b>					

## II. INVESTIGATION INFORMATION

24. <b>*INVESTIGATION DISPOSITION</b>		<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING			
25. <b>*RESPONSIBLE ORGANIZATION</b>		<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC			
26. <b>OTHER ORGANIZATIONS INVOLVED</b>		<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND			

## III. \*INFECTION INFORMATION

investigation > subject summary > CD encounter group

27. <b>DISEASE:</b> <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> INVASIVE MENINGOCOCCAL DISEASE <input type="checkbox"/> MUMPS <input type="checkbox"/> RUBELLA <input type="checkbox"/> HAEMOPHILUS INFLUENZAE DISEASE <input type="checkbox"/> MEASLES <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> TETANUS			
28. <b>CASE CLASSIFICATION</b> <input type="radio"/> LAB CONFIRMED <input type="radio"/> CLINICALLY CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> NOT A CASE		29. <b>SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION</b> <small>YYYY-MM-DD</small>	
30. <b>SENSITIVE ENVIRONMENT/ OCCUPATION</b> <input type="radio"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="radio"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="radio"/> LABORATORY WORKER <input type="radio"/> CORRECTIONAL CENTER (WORK/RESIDENT) <input type="radio"/> HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="radio"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT)			
<b>SENSITIVE ENVIRONMENT/ OCCUPATION DETAILS</b>			

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**IV. \* DISEASE-SPECIFIC INFORMATION**

(COMPLETE FOR THE BELOW DISEASES ONLY)

Investigation details> disease summary > update> disease event history

<b>DIPHTHERIA</b>	31. <b>STAGE:</b> <input type="radio"/> ACUTE <input type="radio"/> CARRIER
	32. <b>SITE/PRESENTATION:</b> <input type="radio"/> CUTANEOUS DIPHTHERIA <input type="radio"/> RESPIRATORY DIPHTHERIA
<b>H. INFLUENZAE</b>	33. <b>SEROTYPE (SPECIFY):</b>
	34. <b>SITE/PRESENTATION:</b> <input type="radio"/> ARTHRITIS <input type="radio"/> EPIGLOTTITIS <input type="radio"/> MENINGITIS <input type="radio"/> SEPSIS/ BACTEREMIA <input type="radio"/> OTHER
<b>INVASIVE MENINGOCOCCAL</b>	35. <b>SEROGROUP (SPECIFY):</b>
	36. <b>SITE/PRESENTATION:</b> <input type="radio"/> MENINGITIS <input type="radio"/> SEPSIS/ BACTEREMIA <input type="radio"/> OTHER

**V. \*SIGNS AND SYMPTOMS**

investigation > signs and symptoms

37. <b>SIGNS AND SYMPTOMS</b> <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">SIGNS AND SYMPTOMS</th> <th style="width: 15%;">*ONSET DATE YYYY-MM-DD</th> <th style="width: 15%;">ESTIMATED</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> *EARLIEST SYMPTOM (COMPLETE FOR ALL CASES)</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> *COUGH PAROXYSMAL – FOR PERTUSSIS CASES ONLY</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> *RASH, MACULOPAPULAR - FOR MEASLES, RUBELLA CASES ONLY</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> *SALIVARY GLAND PAIN /SWELLING (PAROTITIS) – FOR MUMPS CASES ONLY</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	SIGNS AND SYMPTOMS	*ONSET DATE YYYY-MM-DD	ESTIMATED	<input type="radio"/> *EARLIEST SYMPTOM (COMPLETE FOR ALL CASES)		<input type="checkbox"/>	<input type="radio"/> *COUGH PAROXYSMAL – FOR PERTUSSIS CASES ONLY		<input type="checkbox"/>	<input type="radio"/> *RASH, MACULOPAPULAR - FOR MEASLES, RUBELLA CASES ONLY		<input type="checkbox"/>	<input type="radio"/> *SALIVARY GLAND PAIN /SWELLING (PAROTITIS) – FOR MUMPS CASES ONLY		<input type="checkbox"/>
SIGNS AND SYMPTOMS	*ONSET DATE YYYY-MM-DD	ESTIMATED													
<input type="radio"/> *EARLIEST SYMPTOM (COMPLETE FOR ALL CASES)		<input type="checkbox"/>													
<input type="radio"/> *COUGH PAROXYSMAL – FOR PERTUSSIS CASES ONLY		<input type="checkbox"/>													
<input type="radio"/> *RASH, MACULOPAPULAR - FOR MEASLES, RUBELLA CASES ONLY		<input type="checkbox"/>													
<input type="radio"/> *SALIVARY GLAND PAIN /SWELLING (PAROTITIS) – FOR MUMPS CASES ONLY		<input type="checkbox"/>													
38. <b>OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)</b>															
SPECIFY															

**VI. \*OUTCOMES**

investigations > outcomes

<input type="checkbox"/> ER VISIT	<input type="checkbox"/> HOSPITAL ADMISSION	<input type="checkbox"/> HOSPITAL DISCHARGE	<input type="checkbox"/> ICU ADMISSION	<input type="checkbox"/> ICU DISCHARGE
YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
39. <b>OUTCOME OF ILLNESS</b> DECEASED (SPECIFY DATE OF DEATH)    PENDING    RECOVERED    UNKNOWN    SEQUELAE (SPECIFY)			40.	
YYYY-MM-DD			SPECIFY SEQUELAE	

**VII. \*IMMUNIZATION**

Subject > imms history interpretation

41. <b>INTERPRETATION OF IMMUNITY FOR DISEASE PRIOR TO INVESTIGATION</b> <input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED	42. <b>REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION</b> <b>SOURCE OF IMMUNIZATION RECORD:</b> <input type="radio"/> CLIENT/PARENT/GUARDIAN <input type="radio"/> CLIENT/PARENT/GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER <b>REASON IF NOT FULLY IMMUNIZED OR UNKNOWN:</b> <input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL) <input type="radio"/> IMMUNOCOMPROMISED <input type="radio"/> MEDICAL CONTRAINDICATION <input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION <input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS <input type="radio"/> PHILOSOPHICAL OBJECTION <input type="radio"/> UNKNOWN/ NOT DETERMINED
43. <b>TOTAL NUMBER OF DOSES OF VACCINE FOR DISEASE UNDER INVESTIGATION:</b> (ENSURE ALL DOSES DOCUMENTED IN THE MB IMMUNIZATION REGISTRY)	

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### VIII. RISK FACTOR INFORMATION

subject > risk factors

COMPLETE THE FOLLOWING AS APPLICABLE AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
*CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE (EPI-LINK) SPECIFY INFECTION AND DATE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTBREAK ASSOCIATED SPECIFY NAME, OUTBREAK CODE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PREGNANT AT TIME OF DIAGNOSIS SPECIFY EDC: YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERLYING ILLNESS SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### IX.\*ACQUISITION EXPOSURE

INDICATE THE SETTING WHERE THE CASE MOST LIKELY ACQUIRED THE INFECTION DURING THE INCUBATION PERIOD

>> exposure summary > acquisition event details

44. *EXPOSURE START DATE: YYYY-MM-DD	45. EXPOSURE END DATE YYYY-MM-DD
46. SETTING TYPE (SELECT ONE)	47. EXPOSURE SETTING (SELECT ONE IF APPLICABLE FOR SETTING TYPE)
<input type="radio"/> COMMUNITY CONTACT	<input type="radio"/> CASUAL <input type="radio"/> CLOSE CONTACT (NON-HOUSEHOLD) <input type="radio"/> HOUSEHOLD <input type="radio"/> HOUSE PARTY (COMMON GATHERING) <input type="radio"/> VISITING FRIENDS AND RELATIVES
<input type="radio"/> CONGREGATE/ COMMUNAL LIVING	
<input type="radio"/> PUBLIC FACILITY	<input type="radio"/> COLLEGE/ UNIVERSITY <input type="radio"/> DAYCARE <input type="radio"/> DOCTORS OFFICE <input type="radio"/> HOSPITAL <input type="radio"/> SCHOOL <input type="radio"/> WORKPLACE <input type="radio"/> OTHER
<input type="radio"/> TRAVEL	<input type="radio"/> TO OTHER COMMUNITIES IN MB <input type="radio"/> TO OTHER PROVINCE IN CANADA <input type="radio"/> OUTSIDE CANADA
<input type="radio"/> OTHER SETTING	
<input type="radio"/> UNKNOWN	
48. SPECIFY DETAILS OF SETTING- NAME, LOCATION/ ADDRESS	

### X. \*RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

49. FORM COMPLETED BY (PRINT NAME)	50. SIGNATURE	51. FORM COMPLETION DATE YYYY-MM-DD
52. FORM REVIEWED BY (PRINT NAME)	53. FORM REVIEWED DATE YYYY-MM-DD	REPORTER USE ONLY
54. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	55. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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**THE REMAINDER OF FORM IS FOR REGIONAL PUBLIC HEALTH USE ONLY TO SUPPORT CASE MANAGEMENT AND DOCUMENTATION. DO NOT SUBMIT TO THE MANITOBA HEALTH SURVEILLANCE UNIT.**

### **XI. INTERVENTIONS**

investigations > treatment and interventions > interventions summary

<input type="checkbox"/> CONTACT TRACING	<input type="checkbox"/> REFERRAL TO INFECTIOUS DISEASES
<input type="checkbox"/> CONTACT CHEMOPROPHYLAXIS	<input type="checkbox"/> TESTING RECOMMENDED
<input type="checkbox"/> CONTACT IMMUNIZATION	<input type="checkbox"/> TREATMENT RECOMMENDED <input type="radio"/> COMPLETED <input type="radio"/> IN PROGRESS <input type="radio"/> DECLINED
<input type="checkbox"/> EDUCATION – TRANSMISSION AND PREVENTIVE MEASURES	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> EXCLUSION FROM WORK/SCHOOL/DAYCARE	

### **XII. INCUBATION AND COMMUNICABILITY**

Investigation>incubation & communicability

<b>INCUBATION</b>	DATE YYYY-MM-DD	TIME HH:MM	<b>COMMUNICABILITY</b>	DATE YYYY-MM-DD	TIME HH:MM
56. EARLIEST POSSIBLE EXPOSURE DATE/TIME			57. EARLIEST POSSIBLE COMMUNICABILITY DATE/TIME		
58. LATEST POSSIBLE EXPOSURE DATE/TIME			59. LATEST POSSIBLE COMMUNICABILITY DATE/TIME		

### **XIII. TRANSMISSION EXPOSURES**

**(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)  
 COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.**

>> exposure summary > transmission event details

<b>SETTING TYPE</b>	<b>EXPOSURE SETTINGS</b>
1.COMMUNITY CONTACT	CASUAL CLOSE CONTACT (NON-HOUSEHOLD) HOUSEHOLD HOUSE PARTY (COMMON GATHERING) VISITING FRIENDS AND RELATIVES
2.CONGREGATE/COMMUNAL LIVING	
3.PUBLIC FACILITY	COLLEGE/ UNIVERSITY DAYCARE DOCTORS OFFICE HOSPITAL SCHOOL WORKPLACE OTHER
4.TRAVEL	TO OTHER COMMUNITIES IN MB TO OTHER PROVINCE IN CANADA OUTSIDE CANADA
5.OTHER SETTING	

**LIST ALL SETTINGS WHERE THE CASE MAY HAVE EXPOSED CONTACTS DURING THE COMMUNICABILITY PERIOD.**

<b>SETTING #</b>	<b>60. SETTING TYPE (FROM ABOVE TABLE)</b>	<b>61. EXPOSURE SETTING (FROM ABOVE TABLE)</b>	<b>62. EXPOSURE SETTING DETAILS (NAME/LOCATION)</b>	<b>EXPOSURE START DATE/TIME</b> YYYY-MM-DD HH:MM	<b>63. EXPOSURE END DATE/TIME</b> YYYY-MM-DD HH:MM	<b>64. NUMBER OF CONTACTS FOR THIS EXPOSURE SETTING:</b>

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**XIV. CONTACTS** COPY THIS PAGE IF REQUIRED FOR ADDITIONAL CONTACTS.

SET- TING #	CONTACT	EARLIEST CONTACT DATE YYYY-MM-DD	MOST RECENT CONTACT DATE YYYY-MM-DD	IMMUNITY	INTERVENTIONS/ NOTES
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	

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