

Immunization Division, Texas Department of Health 1100 West 49th St., Austin, TX 78756 (800) 252-9152 (512) 458-7544 fax

Mumps Case Track Record G CONFIRMED G F G RULED OUT/ DROPF	PROBABLE PED				
Patient's Name:	Reported By:				
DEMOGRAPHICS: DATE OF BIRTH:/ AGE: SEX: G Male G Female G Unknown RACE: G White G Black G Asian/Pacific Islander G Native American G Unknown G Other: HISPANIC: G Yes G No G Unknown					
CLINICAL DATA: DATE OF ONSET:/					
INFECTION TIMELINE: Enter onset of parotitis. Count backwards and forwards to enter dates for probable exposure and communicable periods. Probable Exposure Period of Communicability -25 Days -12 Days -7 Days -7 Days -2 Days Parotitis Onset					
VACCINATION HISTORY: VACCINATED: G Yes G No G Unknown If yes, list dates: G 1 MMR:/ G 2 MMR:/ • If no, indicate reason: G Religious exemption G Medical Contraindication G Evidence of immunity G Previous Disease - Lab Confirmed G Previous Disease - MD Diagnosed G Under Age G Parental Refusal G Unknown G Other:					
SOURCE OF INFECTION: G No exposure identified G Close contact with a known or suspected case:					

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name:			

LABORATORY DATA: Was laboratory testing done? G Yes G No G Unknown							
LABORATORY:	<i>LABORATORY</i> : G TDH G Other: Phone: ()						
G IgM: Date spec	cimen collected:	_//_	Result:				
G IgG: Date acut	e collected:/_	/	Result: Dat	te convalescent collected: _	/ Result:		
G Mumps Virus Isc	plated: Type of speci	imen:		Date specimen collecte	ed:/		
Were laboratory res	Were laboratory results called to local investigator: G Yes G No G Unknown						
Person Contacted: Date Called:/ Intials:							
HOUSEHOLD CO	NTACTS: Were Co	ntrol Activit	ies Initiated?: G Yes G	No G Unknown If no, ex	xplain:		
Name	Relation to Case	Age	Mumps Disease History	y	Mumps Vaccine History		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
POSSIBLE SPRE	AD CONTACTS:						
Name	Relation to Case	Age	Mumps Disease History	у	Mumps Vaccine History		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
			G Yes	G No G Unknown	G 2 MMR G 1 MMR G None G Unknown		
Investigator's Name	e:			Agency name:			
Phone: ()			_ Date Investigation Ini	itiated:/	Date Completed:/		
COMMENTS:							
COMMENT. C.							

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