

name: _____

LABORATORY DATA: Was laboratory testing done? G Yes G No G Unknown

LABORATORY: G TDH G Other: _____ Phone: () _____

G IgM: Date specimen collected: ____/____/____ Result: _____

G IgG: Date acute collected: ____/____/____ Result: _____ Date convalescent collected: ____/____/____ Result: _____

G Mumps Virus Isolated: Type of specimen: _____ Date specimen collected: ____/____/____

Were laboratory results called to local investigator: G Yes G No G Unknown

Person Contacted: _____ Date Called: ____/____/____ Initials: _____

HOUSEHOLD CONTACTS: Were Control Activities Initiated?: G Yes G No G Unknown If no, explain: _____

Name	Relation to Case	Age	Mumps Disease History	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 SPREAD CONTACTS:

Name	Relation to Case	Age	Mumps Disease History	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: _____ Agency name: _____

Phone: () _____ Date Investigation Initiated: ____/____/____ Date Completed: ____/____/____

COMMENTS: