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

Rash-Fever Illness Case Track Record

Suspected Diagnosis: G Measles G Rubella G Unspecified Rash Illness

FINAL STATUS:
G CONFIRMED G PROBABLE
G RULED OUT/ DROPPED

NETSS CASE # ______________

Patient's Name: ____
last first

Address: ____

City: ________________________ County: _______________ Zip: _________

Region: _______ Phone:( ) ______________________________________

Parent/Guardian: ____

Physician: __________________________ Phone:( ) _______________

Address: ____

Reported By: __________________________________

Agency: ____

Phone:( ) __________________________________

Date: _____/_____/_____

Report Given to: ________________________________

Organization: ____________________________________

Phone:( ) __________________________________

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 *COUNTRY OF BIRTH:* ____

CLINICAL DATA:

G **Rash - Onset Date**: _____/_____/_____ **Duration**: ________ Days

Where did rash start?: G Face G Trunk G Extremities

Is rash generalized?: G Yes G No G Unknown

G **Fever - Onset Date**: _____/_____/____ Max. Temp: ______°F

G Cough	G Arthritis/Arthralgia	G Light Sensitivity
G Coryza	G Lymphadenopathy	G Dehydration
G Conjunctivitis	G Sore Throat	G Malaise
G Koplik Spots	G Headache	G Other: ____________________

COMPLICATIONS: G Otitis Media G Diarrhea

G Pneumonia G Encephalitis G Thrombocytopenia

G Death G Other: ___________________________

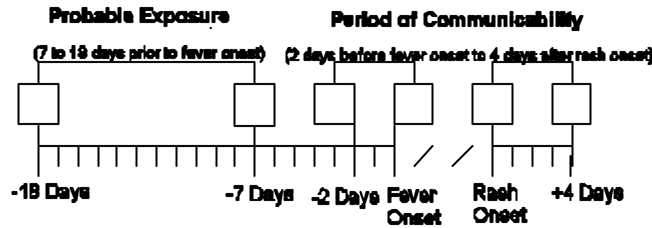
G Hospitalized at: ___________________________

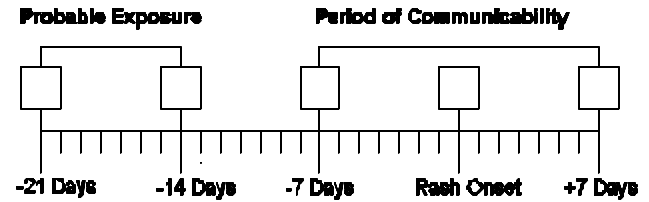
Admitted: _____/_____/_____

Discharged: _____/_____/_____ # Days: ________

Final Diagnosis: ___________________________

INFECTION TIMELINE: Enter onset of rash. Count backwards and forwards to enter dates for probable exposure and communicable periods.





VACCINATION HISTORY: *VACCINATED:* G Yes G No G Unknown

If yes, list dates G 1 MMR: _____/_____/_____ G 2 MMR: _____/_____/_____ G Measles (< 1 year of age)

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: _______________________________

If 2nd MMR not given, 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: _________________________

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

G TDH G Other: ____ Phone:( ) _________________________________

G IgM: G Measles G Rubella G Other: _________ Date specimen collected: _____/_____/_____ Result: ______________________

G IgG: G Measles G Rubella G Other: _________ Date of acute specimen: _____/_____/_____ Result: ______________________

Date of convalescent specimen: _____/_____/_____ Result: _________________

Results called to local investigator: G Yes G No G Unknown
Person Contacted: ____ Date Called: _____/_____/_____ Intials: __________

Rubella Reporting for Pregnant Cases: Was the case pregnant? G Yes G No G Unknown If yes, # of weeks gestation at onset: ________

Prior evidence of serologic immunity: G Yes G No G Unknown If yes, year of test: _________ or, age at test: __________

Previous rubella diagnosed by MD: G Yes G No G Unknown If yes, age at time of disease: ________

Was rubella confirmed by serology?: G Yes G No G Unknown

SOURCE OF INFECTION: G No exposure Identified G Close contact with a known or suspected case: ____________________________

Where did case acquire measles or rubella?: G Day-care G School G College G Work G Home G Dr. Office G Hospital ER G Hospital Inpatient G Hospital Outpatient G Military G Jail G Church G International Travel G Unknown G Other: ________________________

Has any travel occurred within the exposure period? G Yes G No G Unknown If yes, list location: ______________________________

Importation Class: G Indigenous G International G Out-of-state G Unknown If imported, from what country/state: ___________________

Is case traceable within 2 generations to international import? G Yes G No G Unknown

Is case part of an outbreak?: G Yes G No G Unknown If yes, list outbreak name: __________________________________

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HOUSEHOLD CONTACTS: Were control activities initiated?: G Yes G No G Unknown If no, explain: ________________________

Name	Relation to Case	Age	Measles/Rubella History	Vaccination 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

POSSIBLE SPREAD CONTACTS:

Name	Relation to Case	Age	Measles/Rubella History	Vaccination 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 Investigation Completed**: _____/_____/_____

COMMENTS: