



Name: \_\_\_\_\_

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

LABORATORY:  DSHS  Other: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

IgM: Date specimen collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

IgG: Date acute collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ Date convalescent collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Mumps Virus Isolated: Type of specimen: \_\_\_\_\_ Date specimen collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Were laboratory results called to local investigator:  Yes  No  Unknown

Person Contacted: \_\_\_\_\_ Date Called: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_

**HOUSEHOLD CONTACTS:** Were Control Activities Initiated?:  Yes  No  Unknown If no, explain: \_\_\_\_\_

Name	Relation to Case	Age	Mumps Disease History	Mumps Vaccine History
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown

**POSSIBLE SPREAD CONTACTS:**

Name	Relation to Case	Age	Mumps Disease History	Mumps Vaccine History
_____	_____	_____	Yes-_____ No Unknown	2 MMR 1 MMR None Unknown
_____	_____	_____	Yes-_____ No Unknown	2 MMR 1 MMR None Unknown
_____	_____	_____	Yes-_____ No Unknown	2 MMR 1 MMR None Unknown
_____	_____	_____	Yes-_____ No Unknown	2 MMR 1 MMR None Unknown
_____	_____	_____	Yes-_____ No Unknown	2 MMR 1 MMR None Unknown

Investigator's Name: \_\_\_\_\_ Agency name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date Investigation Initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMENTS:**