Infectious Disease Control Unit, Texas Department of State Health Services
1100 West 49th St., Austin, TX 78756
(512) 458-7676 (512) 458-7616 fax

Rash-Fever Illness Case Track Record

Suspected Diagnosis: ☐Measles ☐Rubella ☐Unspecified Rash Illness

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

NBS PATIENT ID#: ______________

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:* ☐ Male ☐ Female ☐ Unknown

RACE: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Native American ☐ Unknown ☐ Other: ______________

HISPANIC: ☐ Yes ☐ No ☐ Unknown *COUNTRY OF BIRTH:* ______________

CLINICAL DATA:

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

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

Is rash generalized?: ☐ Yes ☐ No ☐ Unknown

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

☐ Cough ☐ Arthritis/Arthralgia ☐ Light Sensitivity

☐ Coryza ☐ Lymphadenopathy ☐ Dehydration

☐ Conjunctivitis ☐ Sore Throat ☐ Malaise

☐ Koplik Spots ☐ Headache ☐ Other: ______________

COMPLICATIONS: ☐ Otitis Media ☐ Diarrhea

☐ Pneumonia ☐ Encephalitis ☐ Thrombocytopenia

☐ Death ☐ Other: ______________

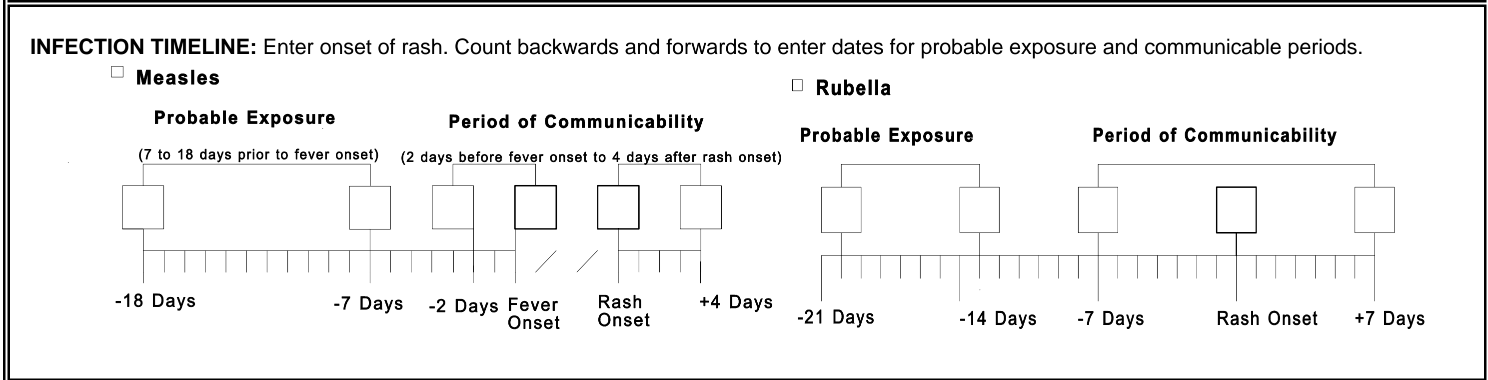
☐ Hospitalized at: ______________

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:* ☐ Yes ☐ No ☐ Unknown

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

If no, indicate reason: ☐ Religious Exemption ☐ Medical Contraindication ☐ Evidence of Immunity ☐ Previous Disease - Lab Confirmed ☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: ______________

If 2nd MMR not given, reason: ☐ Religious Exemption ☐ Medical Contraindication ☐ Evidence of Immunity ☐ Previous Disease - Lab Confirmed ☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: ______________

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Name:_______________________________

Results called to local investigator: ☐ Yes ☐ No ☐ Unknown
Person Contacted: ______________________________________ Date Called: _____/_____/_____ Initials: __________

Rubella Reporting for Pregnant Cases: Was the case pregnant? ☐ Yes ☐ No ☐ Unknown If yes, # of weeks gestation at onset: _______
Prior evidence of serologic immunity: ☐ Yes ☐ No ☐ Unknown If yes, year of test: _________ or, age at test: __________

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

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

SOURCE OF INFECTION: ☐ No exposure Identified ☐ Close contact with a known or suspected case: ______________________________

Where did case acquire measles or rubella?: ☐ Day-care ☐ School ☐ College ☐ Work ☐ Home ☐ Dr. Office ☐ Hospital ER \ ☐ Hospital

Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ International Travel ☐ Unknown ☐ Other: ___________________________

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

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

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

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

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

Name	Relation to Case	Age	Measles/Rubella History	Vaccination 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

POSSIBLE SPREAD CONTACTS:

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

COMMENTS: