

* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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# VACCINE PREVENTABLE DISEASE INVESTIGATION FORM

(FOR DIPHTHERIA, H. INFLUENZAE, IMD, MEASLES, MUMPS, POLIO, PERTUSSIS, RUBELLA, AND TETANUS INFECTIONS)

**CASE FORM**

## \*I. CASE IDENTIFICATION

subject > client details > personal information

1. *LAST NAME		2. *FIRST NAME		3. *DATE OF BIRTH YYYY - MM - DD	
4. ALTERNATE LAST NAME			5. ALTERNATE FIRST NAME		
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON		8. IF OTHER GENDER IDENTITY, SPECIFY <input type="radio"/> DECLINED <input type="radio"/> OTHER (SPECIFY IN BOX 8)	
9. *REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS		10. *HEALTH NUMBER (PHIN) 9 DIGITS		11. ALTERNATE ID SPECIFY TYPE OF ID	
12. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY				13. *CITY/TOWN/VILLAGE	
14. *PROVINCE/TERRITORY		15. *POSTAL CODE A#A #A#		16. *PHONE NUMBER ### - ### - ####	
17. ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY) <input type="radio"/> AFRICAN <input type="radio"/> EUROPEAN (INCLUDES EASTERN EUROPE) <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> DECLINED <input type="radio"/> ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES) <input type="radio"/> LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO) <input type="radio"/> OCEANIA (INCLUDES PACIFIC ISLANDS) <input type="radio"/> NOT ASKED <input type="radio"/> CARIBBEAN <input type="radio"/> NORTH AMERICAN (INCLUDES CANADA, USA) <input type="radio"/> UNKNOWN					
18. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		19. FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		MHSU USE ONLY	
20. IMMIGRATION STATUS AT TIME OF ARRIVAL (VOLUNTARY – COMPLETE BOXES 25 AND 26 IF BORN OUTSIDE CANADA) <input type="radio"/> CANADIAN BORN CITIZEN <input type="radio"/> DECLINED <input type="radio"/> LANDED IMMIGRANT <input type="radio"/> NOT ASKED <input type="radio"/> REFUGEE <input type="radio"/> OTHER (SPECIFY BELOW) <input type="radio"/> STUDENT <input type="radio"/> VISITOR <input type="radio"/> WORK PERMIT		21. DATE ARRIVED IN CANADA YYYY			
23. ALTERNATE LOCATION INFORMATION (IF ANY)					

## II. INVESTIGATION INFORMATION

investigation > investigation details > investigation information  
investigation > investigation details > resp. org/investigator

24. *INVESTIGATION DISPOSITION	<input type="checkbox"/> FOLLOW-UP COMPLETE <input type="checkbox"/> UNABLE TO COMPLETE INTERVIEW <input type="checkbox"/> PENDING
25. *RESPONSIBLE ORGANIZATION (PRIMARY)	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC
26. OTHER ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

## III. \*INFECTION INFORMATION

investigation > investigation details > disease summary

27. DISEASE: <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HAEMOPHILUS INFLUENZAE DISEASE <input type="checkbox"/> INVASIVE MENINGOCOCCAL DISEASE <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO <input type="checkbox"/> RUBELLA <input type="checkbox"/> TETANUS	
28. CASE CLASSIFICATION <input type="radio"/> LAB CONFIRMED <input type="radio"/> CLINICALLY CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> NOT A CASE	29. SPECIMEN COLLECTION DATE YYYY-MM-DD
30. SENSITIVE ENVIRONMENT/OCCUPATION <input type="radio"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="radio"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="radio"/> LABORATORY WORKER <input type="radio"/> CORRECTIONAL CENTER (WORK/RESIDENT) <input type="radio"/> HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="radio"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT)	
SENSITIVE ENVIRONMENT/OCCUPATION DETAILS	

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**IV. \* DISEASE-SPECIFIC INFORMATION**

(COMPLETE FOR THE BELOW DISEASES ONLY)

investigation > investigation details > disease summary

<b>DIPHTHERIA</b>	31. <b>STAGE:</b>	<input type="radio"/> ACUTE <input type="radio"/> CARRIER
	32. <b>SITE/PRESENTATION:</b>	<input type="radio"/> CUTANEOUS DIPHTHERIA <input type="radio"/> RESPIRATORY DIPHTHERIA
<b>H. INFLUENZAE</b>	33. <b>SEROTYPE (SPECIFY):</b>	
	34. <b>SITE/PRESENTATION:</b>	<input type="radio"/> ARTHRITIS <input type="radio"/> EPIGLOTTITIS <input type="radio"/> MENINGITIS <input type="radio"/> SEPSIS/ BACTEREMIA <input type="radio"/> OTHER
<b>INVASIVE MENINGOCOCCAL</b>	35. <b>SEROGROUP (SPECIFY):</b>	
	36. <b>SITE/PRESENTATION:</b>	<input type="radio"/> MENINGITIS <input type="radio"/> SEPSIS/ BACTEREMIA <input type="radio"/> OTHER

**V. \* SIGNS AND SYMPTOMS**

investigation > signs and symptoms

37. <b>SIGNS AND SYMPTOMS</b>	<input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC
<b>SIGNS AND SYMPTOMS</b>	<b>*ONSET DATE YYYY-MM-DD</b> <b>ESTIMATED</b>
<input type="radio"/> *EARLIEST SYMPTOM (COMPLETE FOR ALL CASES)	<input type="checkbox"/>
<input type="radio"/> *COUGH PAROXYSMAL – FOR PERTUSSIS CASES ONLY	<input type="checkbox"/>
<input type="radio"/> *RASH, MACULOPAPULAR – FOR MEASLES, RUBELLA CASES ONLY	<input type="checkbox"/>
<input type="radio"/> *SALIVARY GLAND PAIN/SWELLING (PAROTITIS) – FOR MUMPS CASES ONLY	<input type="checkbox"/>
38. <b>OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)</b>	
SPECIFY	

**VI. \* OUTCOMES**

investigation > outcomes

<input type="checkbox"/> ER VISIT YYYY-MM-DD	<input type="checkbox"/> HOSPITAL ADMISSION YYYY-MM-DD	<input type="checkbox"/> HOSPITAL DISCHARGE YYYY-MM-DD	<input type="checkbox"/> ICU ADMISSION YYYY-MM-DD	<input type="checkbox"/> ICU DISCHARGE YYYY-MM-DD
39. <b>OUTCOME OF ILLNESS</b>			40.	
<input type="checkbox"/> DECEASED <input type="checkbox"/> PENDING <input type="checkbox"/> RECOVERED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SEQUELAE (SPECIFY) (SPECIFY DATE OF DEATH YYYY-MM-DD)			SPECIFY SEQUELAE	

**VII. RISK FACTOR INFORMATION**

subject > risk factors

COMPLETE THE FOLLOWING AS APPLICABLE AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
*CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE (EPI-LINK) SPECIFY INFECTION AND DATE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONTACT WITH SOMEONE WITH SIMILAR ILLNESS SPECIFY DETAILS AND DATE RANGE OF EXPOSURE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOUSING UNSTABLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTBREAK ASSOCIATED SPECIFY NAME, OUTBREAK CODE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PREGNANT AT TIME OF DIAGNOSIS SPECIFY EDC: YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAVEL WITHIN CANADA SPECIFY PROVINCE, MECHANISM OF TRAVEL, AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAVEL OUTSIDE CANADA SPECIFY LOCATION, MECHANISM OF TRAVEL, AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERLYING ILLNESS SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**VIII. \*IMMUNIZATION**

subject > imms history interpretation

<b>41. INTERPRETATION OF IMMUNITY FOR DISEASE PRIOR TO INVESTIGATION</b> <input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED	<b>42. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION</b> <b>SOURCE OF IMMUNIZATION RECORD:</b> <input type="radio"/> CLIENT/PARENT/GUARDIAN <input type="radio"/> CLIENT/PARENT/GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER <b>REASON IF NOT FULLY IMMUNIZED OR UNKNOWN:</b> <input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL) <input type="radio"/> IMMUNOCOMPROMISED <input type="radio"/> MEDICAL CONTRAINDICATION <input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION <input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS <input type="radio"/> PHILOSOPHICAL OBJECTION <input type="radio"/> UNKNOWN/ NOT DETERMINED
<b>43. TOTAL NUMBER OF DOSES OF VACCINE FOR DISEASE UNDER INVESTIGATION:</b> (ENSURE ALL DOSES DOCUMENTED IN THE MB IMMUNIZATION REGISTRY)	

**IX. \*ACQUISITION EXPOSURE**

INDICATE THE SETTING WHERE THE CASE MOST LIKELY ACQUIRED THE INFECTION DURING THE INCUBATION PERIOD

investigation > exposure summary > create acquisition event

<b>44. *EXPOSURE START DATE:</b>		<b>45. EXPOSURE END DATE</b>	
YYYY-MM-DD		YYYY-MM-DD	
<b>46. SETTING TYPE (SELECT ONE)</b>	<b>47. EXPOSURE SETTING (SELECT ONE IF APPLICABLE FOR SETTING TYPE)</b>		
<input type="radio"/> COMMUNITY CONTACT	<input type="radio"/> CASUAL	<input type="radio"/> CLOSE CONTACT (NON-HOUSEHOLD)	<input type="radio"/> HOUSEHOLD
<input type="radio"/> CONGREGATE/ COMMUNAL LIVING	<input type="radio"/> HOUSE PARTY (COMMON GATHERING) <input type="radio"/> VISITING FRIENDS AND RELATIVES		
<input type="radio"/> PUBLIC FACILITY	<input type="radio"/> COLLEGE/UNIVERSITY	<input type="radio"/> DAYCARE	<input type="radio"/> DOCTORS OFFICE
<input type="radio"/> TRAVEL	<input type="radio"/> HOSPITAL	<input type="radio"/> SCHOOL	<input type="radio"/> WORKPLACE <input type="radio"/> OTHER
<input type="radio"/> OTHER SETTING	<input type="radio"/> TO OTHER COMMUNITIES IN MB	<input type="radio"/> TO OTHER PROVINCE IN CANADA	<input type="radio"/> OUTSIDE CANADA
<input type="radio"/> UNKNOWN			
<b>48. SPECIFY DETAILS OF SETTING – NAME, LOCATION/ADDRESS*</b>			

**X. \*RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)**

investigation > investigation details > close investigation

<b>49. FORM COMPLETED BY (PRINT NAME)</b>	<b>50. SIGNATURE</b>	<b>51. FORM COMPLETION DATE</b>
		YYYY-MM-DD
<b>52. FORM REVIEWED BY (PRINT NAME)</b>	<b>53. FORM REVIEWED DATE</b>	<b>REPORTER USE ONLY</b>
	YYYY-MM-DD	
<b>54. INVESTIGATION STATUS</b>	<b>55. ORGANIZATION</b>	STAMP HERE
<input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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THE REMAINDER OF FORM IS FOR REGIONAL PUBLIC HEALTH USE ONLY TO SUPPORT CASE MANAGEMENT AND DOCUMENTATION. DO NOT SUBMIT TO THE MANITOBA HEALTH SURVEILLANCE UNIT.

### XI. INTERVENTIONS

investigation > treatment and interventions > intervention summary

<input type="checkbox"/> CONTACT TRACING	<input type="checkbox"/> REFERRAL TO INFECTIOUS DISEASES
<input type="checkbox"/> CONTACT CHEMOPROPHYLAXIS	<input type="checkbox"/> TESTING RECOMMENDED
<input type="checkbox"/> CONTACT IMMUNIZATION	<input type="checkbox"/> TREATMENT RECOMMENDED <input type="radio"/> COMPLETED <input type="radio"/> IN PROGRESS <input type="radio"/> DECLINED
<input type="checkbox"/> EDUCATION – TRANSMISSION AND PREVENTIVE MEASURES	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> EXCLUSION FROM WORK/SCHOOL/DAYCARE	

### XII. INCUBATION AND COMMUNICABILITY

investigation > incubation & communicability

INCUBATION	DATE (YYYY-MM-DD)	TIME (HH:MM)	COMMUNICABILITY	DATE (YYYY-MM-DD)	TIME (HH:MM)
EARLIEST POSSIBLE EXPOSURE DATE/TIME			EARLIEST POSSIBLE COMMUNICABILITY DATE/TIME		
LATEST POSSIBLE EXPOSURE DATE/TIME			LATEST POSSIBLE COMMUNICABILITY DATE/TIME		

### XIII. TRANSMISSION EXPOSURES

(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)  
COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

investigation > exposure summary > create transmission event

SETTING TYPE	EXPOSURE SETTINGS		
1. COMMUNITY CONTACT	<input type="radio"/> CASUAL <input type="radio"/> HOUSE PARTY (COMMON GATHERING)	<input type="radio"/> CLOSE CONTACT (NON-HOUSEHOLD) <input type="radio"/> VISITING FRIENDS AND RELATIVES	<input type="radio"/> HOUSEHOLD
2. CONGREGATE/COMMUNAL LIVING			
3. PUBLIC FACILITY	<input type="radio"/> COLLEGE/ UNIVERSITY <input type="radio"/> HOSPITAL <input type="radio"/> OTHER	<input type="radio"/> DAYCARE <input type="radio"/> SCHOOL	<input type="radio"/> DOCTORS OFFICE <input type="radio"/> WORKPLACE
4. TRAVEL	<input type="radio"/> TO OTHER COMMUNITIES IN MB	<input type="radio"/> TO OTHER PROVINCE IN CANADA	<input type="radio"/> OUTSIDE CANADA
5. OTHER SETTING			

#### LIST ALL SETTINGS WHERE THE CASE MAY HAVE EXPOSED CONTACTS DURING THE COMMUNICABILITY PERIOD.

SET- TING #	SETTING TYPE (FROM TABLE ABOVE)	EXPOSURE SETTING (FROM TABLE ABOVE)	EXPOSURE SETTING DETAILS (NAME/LOCATION)	EXPOSURE START DATE/TIME YYYY-MM-DD HH:MM	EXPOSURE END DATE/TIME YYYY-MM-DD HH:MM	NUMBER OF CONTACTS FOR THIS SETTING:

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**COPY THIS PAGE IF REQUIRED FOR ADDITIONAL CONTACTS.**

**XIV. CONTACTS**

exposure summary > transmission event details

SET-TING #	CONTACT	EARLIEST CONTACT DATE YYYY-MM-DD	MOST RECENT CONTACT DATE YYYY-MM-DD	IMMUNITY	INTERVENTIONS/NOTES
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	
	NAME: PHIN: DOB/AGE: ADDRESS:  PHONE:			<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED <input type="radio"/> NOT APPLICABLE	

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