

Natural Disaster Morbidity Surveillance Individual Form For Active Surveillance with Medical Staff

Form v1.9 Rev. 09/29/2009

	For Active Surveillance with Medical Staff	
Part I: Name of Facility VISIT INFORMATION	City	Date of Visit / / / Time of Visit AM PM
Part II: Unique Identifier/Medica		, , , , , , , , , , , , , , , , , , , ,
PATIENT INFORMATION	yrs ☐ Mal	
Race/Ethnicity		
Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or rebuilding efforts? Yes No/NA		
If Yes, occupation/response role Activity at time of injury/illness		
Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care)		
TYPE OF INJURY	ACUTE ILLNESS/SYMPTOMS	EXACERBATION OF CHRONIC DISEASE
Abrasion, laceration, cut	Conjunctivitis/eye irritation	☐ Cardiovascular, specify:
Avulsion, amputation	☐ Dehydration	Hypertension
Concussion, head injury	Dermatologic/skin, specify:	Congestive heart failure
Fracture	Rash	☐ Diabetes
☐ Sprain/strain	☐ Infection	☐ Immunocompromised (e.g., HIV, lupus)
MEQUANION OF INJURY	☐ Infestation (e.g., lice, scabies)	☐ Neurological, specify:
MECHANISM OF INJURY	☐ Fever (≥100°F or 37.8°C)	Seizure
Bite/sting, specify:	Gastrointestinal, specify:	☐ Stroke
☐ Insect	Diarrhea	Respiratory, specify:
☐ Snake	Bloody	Asthma
Other specify	☐ Watery	☐ COPD
Burn, specify:	☐ Nausea or vomiting	MENTAL HEALTH
☐ Chemical	☐ Jaundice	☐ Agitated behavior (i.e. violent
☐ Fire, hot object or substance	☐ Meningitis/encephalitis	behavior/threatening violence)
☐ Sun exposure	☐ Neurological (e.g., altered mental status,	☐ Anxiety or stress
Cold/heat exposure, specify:	confused/disoriented, syncope)	☐ Depressed mood
Cold (e.g., hypothermia)	Obstetrics/Gynecology, specify:	☐ Drug/alcohol intoxication or withdrawal
☐ Heat (e.g., stress, hyperthermia)	GYN condition not associated with	Previous mental health diagnosis (i.e.
☐ Electric shock	_ pregnancy or post-partum	PTSD)
Fall, slip, trip, specify:	☐ In labor	☐ Psychotic symptoms (i.e. paranoia)☐ Suicidal thoughts or ideation
From height	☐ Pregnancy complication (e.g., bleeding, fluid leakage)	
☐ Same level	Routine pregnancy check-up	ROUTINE/FOLLOW-UP
☐ Foreign body (e.g., glass shard)		☐ Medication refill
	☐ <u>Pain</u> , <i>specify:</i> ☐ Abdominal pain or stomachache	If yes, how many medications?
Hit by or against an object	☐ Chest pain, angina, cardiac arrest	Blood sugar check Vaccination
Motor vehicle crash, specify:	Ear pain or earache	☐ Blood pressure check ☐ Wound care
☐ Driver/occupant	☐ Headache or migraine	
Pedestrian/bicyclist	☐ Muscle or joint pain (e.g., back, hip)	OTHER
□ Non-fatal drowning, submersion	☐ Oral/dental pain	
Doisoning, specify:	Respiratory, specify:	
☐ Carbon monoxide exposure	Congestion, runny nose, sinusitis	Dest W. DISPOSITION
☐ Inhalation of fumes, dust, other gas	☐ Cough, specify:	Part IV: DISPOSITION
☐ Ingestion specify	☐ Dry	Discharge to self care
Use of machinery, tools, or equipment	Productive	Refer to other care (e.g., clinic or
	☐ With blood	physician)
☐ <u>Violence/assault</u> , <i>specify:</i>	Pneumonia, suspected	Admit/refer to hospital
Self-inflicted injury/suicide attempt	☐ Shortness of breath/difficulty breathing	Left before being seen
Sexual assault	☐ Wheezing in chest	Deceased
Other assault specify	☐ Sore throat	
☐ Influenza-like-illness (ILI) – Fever (temperature of 100°F [37.8°C] or greater) AND a cough <i>or</i> a sore throat in the absence of a KNOWN cause other than influenza		