

Notification of Patient with Fever & Maculo-Papular Rash

Form to be sent to Epidemiology Unit
Measles / Rubella Elimination Initiative
EPIDEMIOLOGY UNIT – MINISTRY OF HEALTH

EPID/151/1/2022

To be filled in the hospital / field for all cases of fever and macular papular rash.

To be sent to the EPIDEMIOLOGY UNIT, 231, DE SARAM PLACE, COLOMBO 10 (Fax: 2696583, email: chepid@sltnet.lk, epidunit@sltnet.lk at your earliest)

Note: H 544 form (Notification of communicable disease), needs to be sent to the relevant Medical Officer of Health

For office use only	Measles/Rub ID Code SRL/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Hospital patient					Field patient	
Name of Hospital :-					MOH area	
Inward patient	Ward No.	BHT No.	Date of Admission	OPD patient	OPD No	Notification Register No.

Particulars of the Patient

Name :-
Address :-
Telephone No. :- (1) (2)
MOH Area :-
District :-
Date of Birth :- Year Month Date
Age :-
Sex :- Male ☐ Female ☐
Occupational setting :- Health Care ☐ School ☐
Preschool ☐ Factory ☐
Armed Forces ☐ Higher Education ☐
Other (specify)
Address of the work place

Clinical History

Date of onset of fever Year Month Date
Date of onset of rash Year Month Date
Cough ☐ Coryza ☐
Conjunctivitis ☐ Lymphadenopathy ☐
(sub occipital / post auricular / cervical)
Other (specify) :-

History of foreign travel within 3 weeks Yes ☐ No ☐

Country :-

MCV Immunization status (Measles Containing Vaccine - Measles/MR/MMR)

Dose	Date of Immunization (dd/mm/yy)	Type of vaccine	Batch number	Place of immunization
1 st dose				
2 nd dose				
Other				

Specimen collection :- Virus Isolation ☐ Serology ☐

Specimen details

Date of collection of Nasal/Throat swabs for Virus Isolation (1 - 5 days of onset of rash)	Date of dispatch to MRI	Date of collection of blood for IgM (3 - 28 days of onset of rash)	Date of dispatch to MRI

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Name of the medical officer

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Date

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Designation

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Signature