

* 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 <input type="radio"/> OTHER (SPECIFY IN BOX 8)			8. IF OTHER GENDER IDENTITY, SPECIFY
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. RACIAL/ETHNIC IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> AFRICAN <input type="radio"/> BLACK <input type="radio"/> CHINESE <input type="radio"/> DECLINED <input type="radio"/> FILIPINO <input type="radio"/> LATIN AMERICAN <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> OTHER (SPECIFY): <input type="radio"/> SOUTH ASIAN <input type="radio"/> SOUTHEAST ASIAN <input type="radio"/> WHITE					
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"/> INVASIVE MENINGOCOCCAL DISEASE <input type="checkbox"/> MUMPS <input type="checkbox"/> POLIO <input type="checkbox"/> TETANUS <input type="checkbox"/> HAEMOPHILUS INFLUENZAE DISEASE <input type="checkbox"/> MEASLES <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> RUBELLA					
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					

* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.



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IV. * DISEASE-SPECIFIC INFORMATION

(COMPLETE FOR THE BELOW DISEASES ONLY)

investigation > investigation details> disease summary

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

V. *SIGNS AND SYMPTOMS

investigation > signs and symptoms

37. SIGNS AND SYMPTOMS <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC		
SIGNS AND SYMPTOMS	*ONSET DATE YYYY-MM-DD	ESTIMATED
<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. OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)		
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. OUTCOME OF ILLNESS			40.	
<input type="checkbox"/> DECEASED (SPECIFY DATE OF DEATH YYYY-MM-DD) <input type="checkbox"/> PENDING <input type="checkbox"/> RECOVERED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SEQUELAE (SPECIFY)			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

41. INTERPRETATION OF IMMUNITY FOR DISEASE PRIOR TO INVESTIGATION <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	42. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION SOURCE OF IMMUNIZATION RECORD: <input type="radio"/> CLIENT/PARENT/GUARDIAN <input type="radio"/> CLIENT/PARENT/GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER REASON IF NOT FULLY IMMUNIZED OR UNKNOWN: <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
43. TOTAL NUMBER OF DOSES OF VACCINE FOR DISEASE UNDER INVESTIGATION: (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

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

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

investigation > investigation details > close investigation

49. FORM COMPLETED BY (PRINT NAME)	50. SIGNATURE	51. FORM COMPLETION DATE YYYY-MM-DD
52. FORM REVIEWED BY (PRINT NAME)	53. FORM REVIEWED DATE YYYY-MM-DD	REPORTER USE ONLY STAMP HERE
54. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	55. ORGANIZATION <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"/> CLOSE CONTACT (NON-HOUSEHOLD) <input type="radio"/> HOUSEHOLD <input type="radio"/> HOUSE PARTY (COMMON GATHERING) <input type="radio"/> VISITING FRIENDS AND RELATIVES
2. CONGREGATE/COMMUNAL LIVING	
3. PUBLIC FACILITY	<input type="radio"/> COLLEGE/ UNIVERSITY <input type="radio"/> DAYCARE <input type="radio"/> DOCTORS OFFICE <input type="radio"/> HOSPITAL <input type="radio"/> SCHOOL <input type="radio"/> WORKPLACE <input type="radio"/> OTHER
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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