

Create Investigation

User: Dale Rohn



Patient ID: 46000

Submit Cancel

Name: Somebody SomeOne DOB: 01/01/1980 Current Sex: Unknown

Patient Malaria

Investigation Summary | Reporting Source | Clinical | Epidemiologic | Administrative | Custom Fields

Investigation Summary Back to Top

* Jurisdiction: Allegany County Required

Program Area: General Communicable Diseases

State Case ID: Not in use

Investigation Start Date: Required

Investigation Status: Open Required

Share record with Guests for this Program Area and Jurisdiction Optional

Investigator

Search Clear Code Lookup

Investigator: There is no Investigator selected. Enter if available

If Investigator is entered Date Assigned to Investigation Optional

Reporting Source Back to Top

Date of Report: Required

Reporting Source: Required

Search Clear Code Lookup

Reporting Source: There is no Reporting Source selected. Required

Earliest Date Reported to

County: Required

State: Required

Reporter

Search Clear Code Lookup

Reporter: There is no Reporter selected. Optional

Clinical Back to Top

Physician

Search Clear Code Lookup

Physician: There is no Physician selected. Enter if available

Hospital

Was the patient hospitalized for this illness? Required Hospital Admission Date Enter if available Discharge Date Enter if available Duration of Stay Optional

Condition

Diagnosis Date: Enter if available

Illness Onset Date: Enter if available Illness End Date: Enter if available

Illness Duration: Days Optional

Age at Onset: Years Enter if available AND Onset or DOB is Unknown

Is the patient pregnant? Enter if available

Does the patient have pelvic inflammatory disease? Not in use

Did the patient die from this illness? Enter if available

Epidemiologic Back to Top

Is this patient associated with a day care facility? Enter if available

Is this patient a food handler? Enter if available

Is this case part of an outbreak? Enter if available If Outbreak = Yes Outbreak Name Enter if available

Where was the disease acquired? Enter if available If acquired outside Maryland: Country - State - City Enter if available

Transmission Mode: Optional

Detection Method: Optional

(Use Ctrl to select more than one)

Confirmation Method:

Active Surveillance
Case/Outbreak Investigation
Clinical diagnosis (non-laboratory confirmed)
Epidemiologically linked

Optional

Confirmation Date:

mm/dd/yyyy

Optional

(Required for Notification)

Case Status:

Required

(Required for Notification)

MMWR Week:

35

Required

MMWR Year:

2006

Required

yyyy

Administrative

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General Comments:

Optional
If Case Status = Not a Case → Required

(That is, some explanation for WHY it is ruled out.)

Custom Fields

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Date closed by LHD:

Required

mm/dd/yyyy

Patient Malaria

Submit Cancel