

National Institute of Virology, Pune 411001
Rubella Case Investigation Form

Name of Patient:

Address:

Date of birth:

Age:

Sex:

CLINICAL DATA

Symptoms and signs

Date of onset:

Fever: Yes/No.....days

Rash: Yes/No.....days

Type of rash:

Lymphadenopathy:

Conjunctivitis:

Arthritis/arthralgia:

Other Important Clinical Features:

Complications

None/Encephalitis

Others (specify):

Rubella Vaccination Status

Yes/No

MMR/MR/Rubella: one dose/ two doses

Date(s) of Immunization:

Place of Immunization:

Name of Clinician/GP:

Vaccine details (batch, make etc):

Contact History

Family Contacts:

Neighborhood contacts:

Exposure during pregnancy:

If yes, period of gestation in weeks:

Patient hospitalization

Hospitalization: Yes/No

Date:

Treatment given (if any):

Hospital name:

Hospital No:

Ward No:

Outcome of case: Cured/transferred/died/not known

CLINICAL SAMPLES TAKEN FOR LABORATORY INVESTIGATION

Blood/Serum:

Cerebrospinal fluid (CSF):

Throat swabs:

Oral swabs:

Urine:

Others (specify):

Name of Investigator:

Date:

Place: