

Screening Form for SWINE FLU Specimen Collection
Santa Cruz County, CD Unit
Phone: 454-4114, Fax: 454-5049

Name of Patient: Last: _____

First: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Collect a nasopharyngeal (NP) Dacron swab specimen IF:

At least one of these is answered "Yes"

AND

At least two of these are answered "Yes"

AND
EITHER

Travel History is answered "Yes"

OR

Close Contacts is answered "Yes"

SYMPTOMS: Has the case-patient experienced any of the following medical conditions:

- Fever (____°) temp if known YES NO Unknown
- Feverishness (if not temp taken) YES NO Unknown

- Nasal Congestion YES NO Unknown
- Sore throat YES NO Unknown
- Cough YES NO Unknown

PLEASE record the date of illness onset ____/____/____ (MM/DD/YYYY)

TRAVEL HISTORY: *In the 7 days prior to illness onset, did the case-patient travel to an affected areas: U.S., Mexico, Canada, New Zealand, United Kingdom, Israel, or Spain (see www.cdc.gov/swineflu for most recent information)?*

- YES NO Unknown

Location _____

Departure Date _____ Return Date _____

CLOSE CONTACTS: *In the 7 days prior to illness onset, did the patient have close contact (within 2 meters (or 6 feet)) (e.g. caring for, speaking with, or touching) with a person with fever and cough, or pneumonia, or that died of a respiratory illness AND who recently traveled to an affected area in the 7 days prior to the contact's illness onset?*

- YES NO Unknown

If a specimen is collected, please fax a copy of this completed form to the CD Unit (454-5049), **AND** be sure to complete the Specimen Collection form @ http://www.santacruzhealth.org/alerts/pdf/Lab_Submittal_Form_fill-in_form.pdf

REPORTER INFORMATION:

Name Last _____ First _____

Organization: _____

Street _____ City _____ State/Province _____ Zip Code _____

Phone # _____