New Jersey Department of Health

AVIAN INFLUENZA SCREENING INFORMATION

Instructions: Fax completed form to: _____

For NJDOH Use Only
Date: ____/____/____
Reviewer: _____

REPORTING INFORMATION

E-#: _____
CDRSS #: _____
PHEL Specimen#: _____

Reported By:
Name: _____
Agency: _____
Contact Number: _____

PATIENT INFORMATION

Last Name: _____ First: _____
Address: _____
City: _____ State: _____
County: _____ Municipality: _____
Date of Birth: / / Age: _____ Gender: ☐ Male ☐ Female
Occupation: _____

Race *(check all that apply)*:
- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaska
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other/Unknown

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown

CLINICAL INFORMATION

Was the patient evaluated by a healthcare provider?
☐ Yes ☐ No ☐ Unknown If Yes, provide the following information:
Provider Name: _____
Address: _____ City: _____ State: _____
Primary Phone No.: _____ Secondary Phone No.: _____

During the course of illness, was patient hospitalized?
☐ Yes ☐ No ☐ Unknown
If Yes, Name of Hospital: _____
Was patient in ICU? ☐ Yes ☐ No ☐ Unknown
Was the patient intubated? ☐ Yes ☐ No ☐ Unknown

SIGNS AND SYMPTOMS

YES	NO	UNKNOWN	
☐	☐	☐	Fever >100.4° F (>38° C)
			Onset Date: / /
☐	☐	☐	Were fever reducing drugs taken prior to temperature reading?
☐	☐	☐	Feverish (temperature not taken)
☐	☐	☐	Cough
☐	☐	☐	Sore throat
☐	☐	☐	Shortness of breath
☐	☐	☐	Conjunctivitis

CLINICAL FINDINGS

YES	NO	UNKNOWN	
☐	☐	☐	Radiographically confirmed pneumonia
☐	☐	☐	Acute respiratory distress syndrome (ARDS)
☐	☐	☐	Other Illness (please describe):

_____
_____
_____

LABORATORY TESTING

Was Rapid Antigen Test performed for influenza?
☐ Yes ☐ No ☐ Unknown If Yes, date specimen collected: / /
Result: ☐ Influenza A ☐ Influenza B ☐ Influenza (type not specified) ☐ Negative ☐ Pending

RISK FACTORS

In 10 days prior to symptom onset:

YES	NO	UNKNOWN	
☐	☐	☐	Did patient travel to a country with documented animal or human cases of Avian Influenza*?
☐	☐	☐	Did patient have direct contact with domestic poultry (e.g., touching sick or dead chickens or ducks or well appearing ducks)?
☐	☐	☐	Did patient consume uncooked poultry or poultry products?
☐	☐	☐	Did patient have direct contact with surfaces contaminated with poultry feces?
☐	☐	☐	Did patient have close contact (within 3 feet) of a known or suspected human case of H5N1?

*http://www.cdc.gov/flu/avian/outbreaks/current.htm