NOTIFICATION FORM
FOR AVIAN INFLUENZAA(H7N9) CASE
Disease Control Division
Ministry Of Health Malaysia

KKM/BKP
For Disease Control Division use only
ID No:

Annex 3

1.Reporting Centre	**Name of Hospital / Clinic:**		**State:**
Phone	Fax:	E-mail:	
2. Information of Patient	**Name:**	**Age**:___yr ___mth	**Gender**: ☐Male ☐Female
Address:	Phone (Home):		RN No:
Nationality: ☐Malaysian ☐Non Malaysian	***Ethnicity:*** ☐Malay ☐Chinese ☐Indian ☐Other, *specify:*	Country of Origin:	IC No: / Passport No:
Occupation : ☐Health Care Worker ☐*Others, please state:*			**Date of symptom onset** *[dd/mm/yy] :*
3. Signs and Symptoms	☐ Fever ☐ Cough ☐Sorethroat ☐ Myalgia ☐ Headache	☐ Shortness of breath/difficulty breathing	
	Temperature on admission: ____˚C	☐Other symptoms, specify :	
4. Chest X-Ray finding	Evidence of lung infiltrates consistent with pneumonia	☐Yes ☐ No ☐ Not done	
5. Is there any alternative diagnosis that can fully explain patient's illness?		☐Yes ☐ No	
6. Clinical status at time of report	Was patient hospitalised? ☐Yes, date: _____ ☐Brought In Dead (BID) *Date:*____	Ward: ☐ Isolation ward ☐ General ward ☐ ICU	Progress: ☐On treatment, specify: _____ ☐ Died *Date :*____
If patient died: Was post mortem performed?	☐ Yes ☐ No ☐ Pending		

7. Exposure History	i. Did patient had contact with confirmed avian influenza H7N9 cases/patients?	*If yes, please state the name and address* ☐ **Yes** ☐**No**
	ii. Did patient visit any poultryfarm ?	☐ **Yes** ☐**No**
	iii. Did patient visit any livestock farm ?	☐***Yes*** ☐***No***
	iv. Did patient had history of contact with birds?	☐ **Yes** ☐**No**
	v. Did patient had history of contact with poultry?	☐ **Yes** ☐**No**
	vi. Did patient had history of contact with livestock?	☐ **Yes** ☐**No**
	vii. Did patient had history of contact with deceased birds?	☐ **Yes** ☐**N0**

8. Travel History
Has the patient travelled to areas reporting confirmed cases of Avian Influenza prior to onset of symptoms
☐ **No** ☐ **Yes** **If Yes, please specify:**

	Country/State/province visited	Duration of stay		Name of Airline & Flight No/Cruise/Other mode of transportation
		From**[dd/mm/yr]**	To**[dd/mm/yr]**	
1				
2				
3				

Date of return to Malaysia: | Entry point :

9. Similar illness
Anybody in the neighborhood having similar illness? ☐ Yes ☐ No

10. Diagnostic Evaluation	Date taken	Date send to lab	Name of laboratory	Result
Hospital Lab:				
IMR:				

11. Working diagnosis: *(please state)*

12. Reporting Officer: | Signature:
Designation: | **Date:** | H/phone No:

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13. Contact Tracing	Has contact tracing been done? ☐Yes ☐ No Date of contact tracing done: Number of contacts examined:	Number of contact with similar illness: Number of contact quarantined: Number of contact referred to hospital:
14. Active case finding	Has active case finding been initiated? ☐ Yes ☐ No Number of people with similar illness:	No. of cases referred to hospital: Number of cases quarantined:

15. Investigating Officer: | Signature:
Designation: | Date: | H/Phone No:

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COMMENTS: