

1. Today's Date		___ ___ / ___ ___ / ___ ___ ___ ___ <i>m m d d y y y y</i>			
2. Reporter		Last Name:		First Name:	
Hospital or Clinic or State Health Department Name:				State:	
Phone: ()	Pager: ()	Other ()	<input type="checkbox"/> Phone <input type="checkbox"/> Fax	Other ()	<input type="checkbox"/> Phone <input type="checkbox"/> Fax
3. Patient Information		Last Name:		First Name:	
City of residence:	State of residence:				
4. Screening Criteria					
a. Temperature $\geq 100.5^{\circ}\text{F}$ ($>38^{\circ}\text{C}$)		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Don't know	
Date of fever onset:		___ ___ / ___ ___ / ___ ___ ___ ___ <i>m m d d y y y y</i>			
b. Respiratory complaints		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Don't know	
c. Travel to Mainland China and Hong Kong; Hanoi, Vietnam; Singapore; Taiwan; or Toronto, Canada		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Don't know	
Date of return to the US		___ ___ / ___ ___ / ___ ___ ___ ___ <i>m m d d y y y y</i>			
d. Was this patient a close contact of a known suspect SARS case		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Don't know	
Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspected SARS case according to the Update Interim SARS Case Definition					
If Yes, in which category does this patient fit:					
<input type="checkbox"/> household contact		<input type="checkbox"/> health care worker contact			
<input type="checkbox"/> other, specify _____					
a. If 4a., 4b, and 4c. = "Yes"		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
b. Is 4a, 4b, and 4d. = "Yes"		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Completed Forms should be faxed to West Virginia Division of Surveillance and Disease Control at 304-558-6335