

CASE REPORT FORM

Severe Acute Respiratory
Syndrome

SARS No. _____

Reporting Authority

Name of public health officer responsible for case _____

Notifier Identification

Person reporting case General practitioner Hospital-based practitioner Laboratory
 Self-notification Outbreak investigation Other

Name of reporting source _____ Contact phone (__) _____

Date reported ___/___/___ Name of usual GP _____
day month year

Case Identification

Name of case _____
Surname Given Name
Current Address _____
Street
Suburb/Locality Town/City
Phone (home) (__) _____
Phone (work) (__) _____
Phone (other) (__) _____
NHI number _____

Usual Address
(if different from the above) _____
Street Town/City Country

Case Demography

Location TLA _____ Health District _____

Date of birth ___/___/___ Sex Male Female Ethnicity Maori NZ European
day month year Pacific Peoples Other European
Or age _____ Days Months Years Other (Specify) _____
(tick all that apply)

Occupation _____

Place of work/school/pre-school _____

Alternative place of work/school/
pre-school _____

Basis of Diagnosis

CLINICAL CRITERIA (refer to case definition)

Symptoms Fever >38°C Cough Shortness of breath 'Flu-like symptoms

Other symptoms Yes (specify) _____

Pneumonia Yes No

Radiological/imaging evidence of pneumonia Yes No Unknown

Respiratory Distress Syndrome (ARDS) Yes No

Ventilation required Yes No

LABORATORY CRITERIA (refer to case definition)

Laboratory confirmation of disease Yes No Not Done Awaiting Results

If yes, specify form of lab confirmation (tick all that apply)

Isolation of organism from clinical specimen

Positive immunofluorescence assay (IFA)

PCR test

Other positive test (specify) _____

Have other respiratory pathogens been excluded? Yes No

If yes, specify _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Contact with person with SARS in the last 10 days Yes No Unknown

Travel to epidemic area in the last 10 days Yes No Unknown

STATUS Under investigation Suspect Probable Confirmed Not a case

