DENGUE & CHIKUNGUNYA REPORT FORM
U.S. Virgin Islands Department of Health
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CASE NUMBER
Specimen # Days post onset (DPO) Type Date Received Specimen # Days post onset (DPO) Type Date Received
SAN ID GCODE S1 ___________ S3 ___________ S2 ___________ S4 ___________

Please read and complete ALL sections

Patient Data
Hospitalized due to this illness: Yes ☐ No ☐ — Hospital Name:

Name of Patient:
Last Name: ___________________________ First Name: ___________________________ Middle Name or Initial: ___________________________

If patient is a minor, name of father or primary caregiver:
Last Name: ___________________________ First Name: ___________________________ Middle Name or Initial: ___________________________

Home (Physical) Address

Name of Healthcare Provider:
Tel: ___________________________ Fax: ___________________________ Email: ___________________________

Do you want to receive laboratory results via Fax or Email?

Physician who referred this case

Home address here:

City: ___________________________ Zip code: ___________________________

Tel: ___________________________ Other Tel: ___________________________

Residence is close to:

Work address:

Patient's Demographic Information

Who filled out this form?

Date of Birth: ___________ Age: ________ months Sex: M ☐ F ☐

or Age: ________ years Pregnant: Y ☐ N ☐ UNK ☐

Weeks pregnant (gestation):

Date of first symptom: ___________

Date specimen taken:
First sample: ___________
Second sample: ___________

Must have the following information for sample processing

How long have you lived in this city? ___________
Country of birth: ___________

During the 14 days before onset of illness, did you TRAVEL to other cities or countries?

☐ Yes, another country ☐ Yes, another city ☐ No ☐ Unknown

WHERE did you TRAVEL?

Are there any sick contacts in your household?

☐ Yes ☐ No ☐

PLEASE indicate below the signs and symptoms that the patient had at the time of illness

Evidence of capillary leak

Lowest hematocrit (%) ☐

Highest hematocrit (%) ☐

Lowest serum albumin ☐

Lowest serum protein ☐

Lowest blood pressure (SBP/DBP) ☐

Lowest pulse pressure (systolic - diastolic) ☐

Lowest white blood cell count (WBC) ☐

Symptoms Yes No Unk

Rapid, weak pulse ☐

Pallor or cool skin ☐

Chills ☐

Rash ☐

Headache ☐

Eye pain ☐

Body (muscle/bone) pain ☐

Joint pain ☐

Anorexia ☐

Evidence of capillary leak

Warning signs

Persistent vomiting ☐

Abdominal pain/Tenderness ☐

Mucosal bleeding ☐

Lethargy, restlessness ☐

Liver enlargement >2 cm ☐

Pleural or abdominal effusion ☐

Additional symptoms

Diarrhea ☐

Cough ☐

Conjunctivitis ☐

Nasal congestion ☐

Sore throat ☐

Jaundice ☐

Convulsion or coma ☐

Nausea and vomiting (occasional) ☐

Arthritis (Swollen joints) ☐

Missed school/work due to this illness ☐

Unable to walk during this illness ☐