Disaster Morbidity Surveillance Individual Form

Form v2 Rev. 01/30/2025

For Active Surveillance with Medical Staff Rev. 01/30/2025							
Part I:	Name of Facility	Cit	/	State	[Date of Visit	Time of Visit
VISIT INFORMATION] [/ /	AM PM
Part II: Unique Identifier/Medica PATIENT		[Sex	<u> </u>	Pregnant	If yes, due date
				☐ Mal	le	Yes	, ,
INFORMATION			yrs	☐ Fer	nale	☐ No/NA	/ /
Race/Ethnicity							
Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or rebuilding efforts?							
If Yes, occupation/response role Activity at time of injury/illness							
Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care)							
TYPE OF INJURY		ACUTE ILLNESS/SYMPTOMS		3	EXACERBATION OF CHRONIC DISEASE		
Abrasion, laceration, cut		☐ Conjunctivitis/eye irritation			☐ Cardiovascular, specify:		
Avulsion, amputation		☐ Dehydration			☐ Hypertension		
Concussion, head injury		☐ Dermatologic/skin, specify:			☐ Congestive heart failure		
Fracture		Rash			Diabetes		
☐ Sprain/strain		☐ Infection			☐ Immunocompromised (e.g., HIV, lupus)☐ Neurological, specify:		
MECHANISM OF INJURY		Infestation (e.g., lice, scabies)			□ <u>Neurological</u> , <i>specily</i> . □ Seizure		
☐ Bite/sting, specify:		☐ Fever (≥100°F or 37.8°C)			☐ Stroke		
☐ Insect		☐ Gastrointestinal, specify: ☐ Diarrhea			Respiratory, specify:		
☐ Snake		Bloody			Asthma		
Other specify		☐ Watery			☐ COPD		
☐ Burn, specify:		☐ Nausea or vomiting			BEHAVIORAL HEALTH		
Chemical		☐ Jaundice			☐ Agitated behavior (i.e. violent		
☐ Fire, hot object or substance		Meningitis/encephalitis			behavior/threatening violence)		
Sun exposure		Neurological (e.g., altered mental status,			Anxiety or stress		
Cold/heat exposure, specify:		confused/disoriented, syncope)			☐ Depressed mood☐ Drug/alcohol intoxication or withdrawal		
☐ Cold (e.g., hypothermia) ☐ Heat (e.g., stress, hyperthermia)		☐ Obstetrics/Gynecology, specify: ☐ GYN condition not associated with			Previous mental health diagnosis (i.e.		
☐ Electric shock		pregnancy or post-partum			PTSD)		
		☐ In labor			Psychotic symptoms (i.e. paranoia)		
☐ <u>Fall, slip, trip</u> , <i>specify</i> : ☐ From height		☐ Pregnancy complication (e.g.,			Suicidal thoughts or ideation		
Same level		bleeding, fluid leakage)			ROUTINE/FOLLOW-UP		
		Routine pregnancy check-up			☐ Medication refill		
, , , , , ,		☐ Pain, specify: ☐ Abdominal pain or stomachache			If yes, how many medications?		
Hit by or against an object		☐ Chest pain, angina, cardiac arrest			☐ Blood sugar check ☐ Vaccination		
☐ Motor vehicle crash, specify:☐ Driver/occupant		☐ Ear pain or earache			☐ Blood pressure check ☐ Wound care		
☐ Pedestrian	•	☐ Headac	he or migraine				
		☐ Muscle or joint pain (e.g., back, hip)			OTHER		
☐ Non-fatal drowning, submersion		Oral/dental pain					
Poisoning, specify:		☐ Respiratory, specify: ☐ Congestion, runny nose, sinusitis					
☐ Carbon monoxide exposure☐ Inhalation of fumes, dust, other gas		Cough, specify:			Part IV: DISPOSITION		
☐ Ingestion <i>specify</i>		Dry			☐ Discharge to self care		
		Productive			Refer to other care (e.g., clinic or		
Use of machinery, tools, or equipment		☐ With blood			physician)		
☐ <u>Violence/assault</u> , specify:		Pneumonia, suspected			Admit/refer to hospital		
Self-inflicted injury/suicide attempt		☐ Shortness of breath/difficulty breathing			☐ Left before being seen☐ Deceased		
☐ Sexual assault ☐ Other assault <i>specify</i>		☐ Wheezing in chest☐ Sore throat			□ Deceased		
			- 107 0.001	NA IP			
☐ Influenza-like-illness (ILI) – Fever (temperature of 100 °F [37.8 °C] or greater) AND a cough <i>or</i> a sore throat in the absence of a KNOWN cause other than influenza							