

CASE INVESTIGATION FORM (CIF)

To be filled up by Medical Officer at the time of first contact with Health Facility and to be kept with BHT

| ACUTE ENCEPHALITIC SYNDROME / JE CASE INVESTIGATION FORM | | | | | | | | | |
|--|-----------------|-----------|-------------|---|---|-----------------|------------|---------|--|
| Registration Number : AES - | | | | | | Date: | | | |
| Reporting Information : | | | | | | | | | |
| Date of Case Reported : | | | | | Notified by : | | | | |
| Date of Case Investigated : | | | | | Investigated by : | | | | |
| Patient Information : | | | | | | | | | |
| Patient's Name : | | | | Sex : | | Date of Birth : | | | |
| Age : Years Months | | | | Father's Name : | | | | | |
| Religion: Muslim/Hindu/ Other : | | | | Address : | | | | | |
| Village/Mohallah : | | | | Landmark : | | | | | |
| Block/Urban Area: | | | | District: | | | | | |
| State: | | | | Mob.No. | | | | | |
| Travel History over Two weeks from Onset of First Symptoms | | | | | | | | | |
| | 1 | | | 2 | | | 3 | | |
| Date From | | | | | | | | | |
| Date to | | | | | | | | | |
| Address | | | | | | | | | |
| Block | | | | | | | | | |
| District and State | | | | | | | | | |
| Immunization History : | | | | | | | | | |
| JE Immunization Yes/No/Partial/Unknown : | | | | | Date of last JE Immunization : / / | | | | |
| Signs and Symptoms : | | | | | | | | | |
| Date of onset of first symptoms : / / | | | | | Headache- Yes/No/Unknown : | | | | |
| Change in mental status- Yes/No/ Unknown : | | | | | Paralysis- Yes/No/Unknown : | | | | |
| Fever- Yes/No/ Unknown : | | | | | Unconsciousness- Yes/No/Unknown : | | | | |
| Seizure- Yes/No/ Unknown : | | | | | Neck rigidity- Yes/No/ Unknown : | | | | |
| Sample Collection, tracking and results : | | | | | | | | | |
| | Date Collection | Date Sent | Date Result | Condition* | Laboratory Result (Circle) | | | | |
| CSF | | | | | Positive | Negative | Not-tested | Unknown | |
| Serum 1 | | | | | Positive | Negative | Not-tested | Unknown | |
| Serum 2 | | | | | Positive | Negative | Not-tested | Unknown | |
| Final Classification as per AES Etiology : | | | | Laboratory Confirmed JE / Known AES / Unknown AES : | | | | | |
| Final Diagnosis (as per Classification of AES cases) : | | | | | | | | | |
| Status of Patient : | | | | | | | | | |
| Discharge/Referral/LAMA Status : | | | | | Date : / / | | | | |
| If Alive status of recovery : | | | | Recovered completely/ Recovered with disability : | | | | | |
| If died, date of death : / / | | | | | | | | | |
| *Condition is adequate if specimen is transported in reverse cold chain | | | | | Name & Signature of treating MO with Designation | | | | |