

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

Name of the Reporting Health Institution :									
Registration Number : AES -							Date:		
Reporting Information :					Notified by :				
Date of Case Reported :					Investigated by :				
Date of Case Investigated :									
Patient Information :									
Patient's Name :					Sex :		Date of Birth :		
Age : ...../...../.....					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				

जीवन्त बिहार... सपना हो सकार



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