INFORMATION SHEET FOR VIRUS ISOLATION

TO:
USAFSAM/EKB
Attention: Virology Function
Building 930
Brooks AFB TX 78235

FROM:

PATIENT'S NAME | SEX | AGE

EPIDEMIOLOGICAL DATA	
	SINGLE CASE
	FAMILY ILLNESS
	COMMUNITY ILLNESS

SIGNS AND SYMPTOMS			
	FEVER	GASTROINTESTINAL	
	CHILLS		DIARRHEA
RASH			ABDOMINAL PAIN
	MACULOPAPULAR		VOMITING
	HEMORRHAGIC		OTHER
	VESICULAR	MISCELLANEOUS	
RESPIRATORY			JAUNDICE
	RHINITIS		MYALGIA
	PULMONARY		PLEURODYNIA
	PHARYNGITIS		CONJUNCTIVITIS
	PNEUMONIA		CHOREORETINITIS
	OTHER		SPLENOMEGALY
CARDIOVASCULAR			HEPATOMEGALY
	MYOCARDITIS		LYMPHADENOPATHY
	PERICARDITIS		LESIONS
	ENDOCARDITIS		OTHER
	OTHER		
CENTRAL NERVOUS SYSTEM		STATE OF ILLNESS	
	HEADACHE		SYMPTOMATIC
	MENINGITIS		ASYMPTOMATIC
	MICROCEPHALUS		SUBACUTE
	HYDROCEPHALUS		CHRONIC
	SEIZURES		DISSEMINATED
	PARALYSIS		LOCALIZED
	OTHER		OTHER

IMMUNIZATIONS		DATE
	POLIO	
	OTHER	

TREATMENT *(Drugs Used)*	
	NONE
	DRUGS *(List)*

TYPE OF SPECIMENS		DATE COLLECTED
	BODY FLUID *(Specify)*	
	EYE SWAB	
	GENITAL SWAB	
	NASAL PHARYNGEAL	
	RECTAL SWAB *(Stool)*	
	SKIN	
	SPINAL FLUID	
	THROAT WASHING/SWAB	
	TISSUE	
	URINE	
	OTHER *(Specify)*	

BRIEF CLINICAL HISTORY *(Pertinent data)*

PROVISIONAL DIAGNOSIS

PRINTED NAME OF REQUESTER	DUTY TITLE	DATE SHIPPED

AF Form 1808, AUG 87