Case Investigation and Specimen Collection Form for Monkeypox

Case type please tick: ☐ **Suspect Monkeypox** ☐ **Epi-linked**

Patient Information

Name of Health Centre:		Date of visit:	
Patient Name:		Age:	DoB
Sex	☐ male ☐ female ☐ others		
Contact Number:		CID #	
Present Address:		Nationality:	
Occupation:		Country of Residence:	

Clinical Information

Skin lesions/Rashes	☐ Yes	☐ No	Date of Onset		
Sites of skin lesions/rashes					
Fever or History of fever	☐ Yes	☐ No	Date of Onset		
Headache:	☐ Yes	☐ No	Generalized Body ache:	☐ Yes	☐ No
Swollen lymph nodes (Lymphadenopathy)	☐ Yes	☐ No	Nausea/Vomiting	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No	Cough	☐ Yes	☐ No
Conjunctivitis	☐ Yes	☐ No	Fatigue	☐ Yes	☐ No
Others (Specify):	☐ Yes	☐ No			

Comorbid conditions (Check all that apply)

☐ None ☐ Diabetes ☐ Hypertension

☐ HIV status ☐ Kidney Disease ☐ Liver Disease ☐ Cancer (any type)

☐ Immuno-compromised ☐ Concurrent STI ☐ Others specify

Hospitalization required: ☐ Yes ☐ No ☐ Referred required ☐ Yes ☐ No

Epidemiological Information

H/o close contact with suspected or confirmed Monkeypox cases: ☐ Yes ☐ No

If yes date of contact:

H/o any family member suffered from a similar illness: ☐ Yes ☐ No

Travel history out of the residential place within 21 days before the onset of symptoms: ☐ Yes ☐ No

If yes, a place visited and country:

Travel Dates: From _____ To _____ (Last 8 days)

H/o any contact with an animal: ☐ Yes ☐ No if yes type of animal

Advised by: Dr's name and Contact #

Laboratory information

Laboratory Specimen Collected: ☐ Yes ☐ No Sample ID

Type of specimen: ☐ Skin lesion swab ☐ throat swab Specify if others

Date of collection Date of shipment to RCDC:

Date of samples received at RCDC: Date of samples tested:

Other information if any

Sample Collected by: Name: _____ Contact #: