EPID/37/3/R2004

Serial No. ☐☐☐☐

AFP ID Code SRL/☐☐/☐☐/☐☐/☐☐☐

POLIO ERADICTION INITIATIVE

ACUTE FLACCID PARALYSIS [AFP]

FORM No. 3

Follow-up after 60/90/180 days of onset

Medical Officer of Health/Regional Epidemiologist,

_____

This case was investigated by you on ☐☐.☐☐.☐☐☐☐
DD MM YYYY

Please examine the child, complete the form and return it to the following address immediately. Epidemiologist, Epidemiological Unit, 231, de Saram Place, Colombo 01000. Fax: 2696583, E-mail: chepid@sltnet.lk and epidunit@sltnet.lk

PLEASE DO NOT WRITE IN THE SHADED AREAS.

Date: ☐☐.☐☐.☐☐☐☐
D D M M Y Y Y Y

1. (a) DPDHS Division: _____
   (b) MOH Area: _____ 1. ☐☐.☐☐

2. Name of patient: _____

3. Age of patient: 3. ☐☐.☐☐
   Y Y M M

4. Sex of patient: ☐ 1.Male ☐ 2.Female 4. ☐

5. Name of parent/Guardian: _____

6. Residential address of patient:_____
   _____

7. Date of onset of paralysis: 7. ☐☐.☐☐.☐☐☐☐
   D D M M Y Y Y Y

8. Date of examination (by you) 8. ☐☐.☐☐.☐☐☐☐
   D D M M Y Y Y Y

9. Does the patient have residual paralysis:
   ☐ 1.Yes ☐ 2.No ☐ 3.Lost ☐ 4.Dead 9. ☐

10. Immunization status of patient (OPV)

		DD	MM	YYYY
10.1. First dose given on:	10.1.	☐☐.	☐☐.	☐☐☐☐
10.2. Second dose given on:	10.2.	☐☐.	☐☐.	☐☐☐☐
10.3. Third dose given on:	10.3.	☐☐.	☐☐.	☐☐☐☐
10.4. Fourth dose given on:	10.4.	☐☐.	☐☐.	☐☐☐☐
10.5. Fifth dose given on:	10.5.	☐☐.	☐☐.	☐☐☐☐
10.6. Others:	10.6.	☐☐.	☐☐.	☐☐☐☐

11. If yes, to 9, severity of paralysis at 60/90/180 days after onset:

Site of involvement	Severity of paralysis	Wasting		Site of involvement	Severity of paralysis	Wasting	
	Grade (Please fill in according to key)				Grade (Please fill in according to key)		
Left hand				Right hand			
Left forearm				Right forearm			
Left shoulder				Right shoulder			
Left hip				Right hip			
Left leg				Right leg			
Left foot				Right foot			
Left side of face				Right side of face			
Other specify ……				Other specify ……			

Key for grading of severity of paralysis (Medical Research Council – MRC – scale):

Grade 0 = Complete paralysis
Grade 1 = A flicker of contraction only
Grade 2 = Power detectable only when gravity is excluded by appropriate postural adjustment.
Grade 3 = The limb can be held against the force of gravity, but not against the examiner's resistance
Grade 4 = There is some degree of weakness usually described as poor, fair or moderate in strength.

12. Diagnosis given on diagnosis card (if available) :_____ 12. ☐

13. Cerebrospinal fluid analysis findings (if available) – please write the findings below:

Proteins: ☐☐☐.☐☐ mg/dl Glucose: ☐☐☐ mg/dl Cells: _____

14. Electromyelogram (EMG) report (if available): _____

15. Name of the MOH/RE: _____

16. Signature of MOH/RE: _____ 17. Designation _____

18. Date:_____

For office use

19. Classification:_____
20. Final diagnosis: _____
21. Remarks / Expert Committee Findings _____