

**Form to be sent to Epidemiology Unit
EPIDEMIOLOGY UNIT – MINISTRY OF HEALTH**

EPID/151/1/2022

Measles / Rubella Elimination Initiative

Suspected Measles / Rubella Patient notification to Epidemiology Unit

Please mark : <input type="checkbox"/> Fever & Rash (Non vesicular) <input type="checkbox"/> Suspected Measles <input type="checkbox"/> Suspected Rubella	For office use only Mea/Rub ID Code SRL/□□/□□/□□/□□□□
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To be filled in by the Medical Officer treating the case, on suspicion of the diagnosis and sent to the EPIDEMIOLOGY UNIT, 231, DE SARAM PLACE, COLOMBO 10 (Fax: 2696583, email: chepid@sltnet.lk, epidunit@sltnet.lk at your earliest)

Name of Hospital							
Inward patient		Ward No.	BHT No.	Date of Admission	OPD patient		OPD No
Yes	No				Yes	No	

Particulars of the Patient

Name :-

Address :-

Telephone No. :-

MOH Area :-

District :-

Date of Birth :- Year □□□□ Month □□ Date □□

Age :-

Sex :- Male Female

Clinical History

Fever Date of onset of fever Year □□□□ Month □□ Date □□

Rash Date of onset of rash Year □□□□ Month □□ Date □□

Cough

Coryza

Conjunctivitis

Lymphadenopathy (sub occipital / post auricular / cervical)

Other (specify) :-

Specimen collection :- Serology Virus Isolation

Specimen details

Date of collection of blood (IgM)	Date of dispatch to MRI	Date of collection of swabs (Nasal/ Throat swabs for Virus Isolation)	Date of dispatch to MRI

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Name of the medical officer

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Designation

.....
Date

.....
Signature

Note: Notification of Communicable Disease – Health 544, needs to be sent to the relevant Medical Officer of Health