



Integrated Health Information Platform

Integrated Disease Surveillance Programme

Ministry of Health and Family Welfare

Facility Information

1.1 Facility Name:

1.9 Contact Number:

1.16 State Surveillance Officer

1.2 Facility Type:

1.10 Village:

1.17 Contact Number

1.3 Facility Official ID:

1.11 Sub District:

1.18 District Surveillance Officer

1.4 Facility NIN:

1.12 District:

1.19 Contact Number

1.5 Officer in Charge:

1.13 State:

1.20 Sub District Surveillance Officer

1.6 Contact Number:

1.14 Reporting Date:

1.21 Contact Number

1.7 Data Entry Personnel:

1.22 Medical Officer PHC

1.8 Official ID

1.23 Contact Number

Suspected Case Form(SForm)										
	Number of cases							Number of Death cases * (Please enter linelisting of death cases in next section)		
	Male			Female			Grand Total	Male	Female	Total Death
	<= 5 yr	> 5 Yr	Total	<= 5 Yr	> 5 Yr	Total				
2.1 Only Fever >= 7 days duration										
2.2 Only Fever < 7 days duration										
2.3 Fever with Rash										
2.4 Fever with Bleeding										
2.5 Fever with Altered sensorium										
2.6.1 Cough with fever <= 2 weeks duration										
2.6.2 Cough without fever <= 2 weeks duration										
2.7.1 Cough with fever > 2 weeks duration										
2.7.2 Cough without fever > 2 weeks duration										
2.8.1 Loose watery stools with blood < 2 weeks										
2.8.2 Loose watery stools without blood < 2 weeks										
2.9 Jaundice of < 4 weeks duration										
2.10 Acute Flaccid Paralysis										
2.11.1 Malaria Vivax RDT Positive										
2.11.2 Malaria Falciparum RDT positive										
2.11.3 Malaria Mixed RTD Postive										
2.12 Animal Bite										
2.13 Snake Bite										

Line Listing

SLno	Name	IdType/IdNo	Date Of Birth	Sex	Address	Village	Sub District	District	State	Date of Death	Probable Cause of Death	Remarks
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