Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HPZ number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rash onset date (DDMMYYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not known [ ]

Assessment at notification: Unlikely [ ]  Likely [ ]  Epi-confirmed [ ]  Lab-confirmed [ ]

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Susceptible community member?

Orthodox Jewish [ ]  Traveller, Roma or Gypsy [ ]  Steiner [ ]

Other (e.g. other religious communities, Romanian community) [ ]  Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact with suspected or confirmed measles case? Yes [ ]  No [ ]  Unknown [ ]

**If yes,** Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HPZ number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (DDMMYYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did contact occur? (DDMMYYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **During the incubation period (7 to 21 days prior to symptom onset):**Please use additional rows for more than one occurrence |
| **Attendance at healthcare setting?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Provider name | Provider address | Date attended | Isolated? | Admitted? |
|       |       |       |       |       |
|       |       |       |       |       |
| **Travel within the UK or abroad?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Town/country | Date of travel | Date of return | Airline/rail/coach details/numbers |
|       |       |       |       |
|       |       |       |       |
| **Attendance at mass gathering?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Name of event | Town, country | Date of attendance | Date of departure |
|       |       |       |       |
|       |       |       |       |
| **Attendance at school/work?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Name of school/workplace | Town/city | Date(s) attended |
|       |       |       to       |
|       |       |       to       |
| **Other context(s) not listed** |
| Name | Date |
|       |       |
|       |       |

|  |
| --- |
| **During the infectious period (4 days before to 4 days after rash onset):**Please use additional rows for more than one occurrence |
| **Attendance at healthcare setting?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Provider name | Provider address | Date attended | Isolated? | Admitted? |
|       |       |       |       |       |
|       |       |       |       |       |
| **Travel within the UK or abroad?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Town/country | Date of travel | Date of return | Airline/rail/coach details/numbers |
|       |       |       |       |
|       |       |       |       |
| **Attendance at mass gathering?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Name of event | Town, country | Date of attendance | Date of departure |
|       |       |       |       |
|       |       |       |       |
| **Attendance at school/work?** | Yes [ ]  No [ ]  Unknown [ ]  |
| Name of school/workplace | Town/city | Date(s) attended |
|       |       |       to       |
|       |       |       to       |
| **Other context(s) not listed** |
| Name | Date |
|       |       |
|       |       |