

Family name: _____

All other names: _____

Home post code:

NHS number:

Address in UK: _____

Date of birth: ____ / ____ / ____

Age: _____

Gender: M / F

Country of birth: _____

Country of usual residence: _____

<p>Ethnicity: (mark one)</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> Other White background</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Other Black background</p> <p><input type="checkbox"/> Indian Sub-Continent</p> <p><input type="checkbox"/> South-East Asian</p> <p><input type="checkbox"/> Other Asian background</p> <p><input type="checkbox"/> Mixed Ethnicity</p> <p><input type="checkbox"/> Other (please specify)</p>	<p>Reason for travel: (mark one)</p> <p><input type="checkbox"/> New entrant to UK</p> <p><input type="checkbox"/> Visiting family in country of origin</p> <p><input type="checkbox"/> UK citizen living abroad</p> <p><input type="checkbox"/> Civilian sea/air crew</p> <p><input type="checkbox"/> British armed forces</p> <p><input type="checkbox"/> Business/Professional travel</p> <p><input type="checkbox"/> Foreign student studying in UK</p> <p><input type="checkbox"/> Holiday travel to malarious country</p> <p><input type="checkbox"/> Foreign visitor ill while in UK</p> <p><input type="checkbox"/> Children visiting parents living abroad</p> <p><input type="checkbox"/> Other (please specify)</p>	<p>Malaria prophylaxis taken: (for PREVENTION during travel)</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> Mefloquine (Lariam)</p> <p><input type="checkbox"/> Malarone</p> <p><input type="checkbox"/> Doxycycline</p> <p><input type="checkbox"/> Chloroquine (Nivaquine/Avloclor)</p> <p><input type="checkbox"/> Proguanil (Paludrine)</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other (please specify)</p> <p>Prophylaxis taken regularly? Y / N</p> <p>Continued on return for _____ weeks</p>
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Date of onset of illness: ____ / ____ / ____

Date of starting treatment: ____ / ____ / ____

Date of arrival in UK from malarious country ____ / ____ / ____

Duration of stay abroad : _____

Country(ies) where infection acquired: _____

For India, please specify areas visited

Verify country visited for the following

SUDAN

SOUTH SUDAN

☐
☐

CONGO

DEM.REP. of CONGO

☐
☐

G.P. Name & Address

Name and contact details of person completing this form if not G.P.

Tel. No.

Date:

Hospital where diagnosis made _____		Date of diagnosis ____/____/____
<input type="checkbox"/> Blood film Result: Tick box(es) below	<input type="checkbox"/> Antigen test Brand: Result:	<input type="checkbox"/> Other method of diagnosis State which: Result:
Blood film result: <input type="checkbox"/> P. falciparum <input type="checkbox"/> P. vivax <input type="checkbox"/> P. malariae <input type="checkbox"/> P. ovale <input type="checkbox"/> P. knowlesi <input type="checkbox"/> Species unknown <input type="checkbox"/> No malaria parasites found	Was patient treated as: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient Was patient: Pregnant Y / N ____ / 40 Admitted to ITU/HDU Y / N Duration of stay in hospital ____ days	Outcome of illness: <input type="checkbox"/> Recovery <input type="checkbox"/> Death <input type="checkbox"/> Unknown
Any other information relevant to this case: <hr/> <hr/>		

If sending specimens for referral please also give the following information:		Date of Sample ____/____/____
NHS/Hosp No. _____	Lab No. _____	
Type of specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Blood films <input type="checkbox"/> Other (please specify) High Risk? nature of risk?	Name and address for report: Contact telephone number:	

MALARIA IS A NOTIFIABLE DISEASE - PLEASE FILL IN A STATUTORY NOTIFICATION FORM AND FORWARD TO THE CIDSC.

Please return this form to:

UK HSA Malaria Reference Laboratory
 Faculty of Infectious & Tropical Diseases
 London School of Hygiene and Tropical Medicine
 Keppel Street, London WC1E 7HT
 (DX: HPA Malaria Ref Lab, DX6641200 Tottenham
 Crt RD92 WC)

Tel. No.: Surveillance 020 7927 2435
 Laboratory 020 7927 2427
 Fax 020 7637 0248

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