# Tetanus Surveillance Worksheet

**NAME (Last, First)**

**Address (Street and No.)**

**City**  
**County**  
**Zip**  
**Phone**  
**Hospital Record No.**

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**CDC NETSS ID**

**County**

**State**

**Age**

**Race**

**Ethnicity**

**Birth Date**

**Age Type**

**Native Amer./Alaska Native**

**Male**

**Month**

**Native/Pacific Islander**

**Female**

**Day**

**Other**

**Year**

**Unknown**

**Unknown**

**Unknown**

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**Event Date**

**Event Type**

**Reported**

**Imported**

**Report Status**

**Month**

**Years Since Last Dose**

**Date**

**Years of Service**

**Date**

**Date**

**Date**

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**History of Military Service**

**Year of Onset**

**Occupation**

**History Prior to Tetanus Disease**

**History Prior to Tetanus Disease**

**History Prior to Tetanus Disease**

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**Tetanus Toxoid Administration**

**Tetanus Toxoid (TT/Td/Tdap)**

**If Yes, How Soon After Onset?**

**If Yes, How Soon After Onset?**

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**Was Medical Care Ever Obtained For This Acute Injury?**

**Tetanus Toxoid (TT/Td/Tdap)**

**Administered Before Tetanus Onset**

**If Yes, How Soon After Injury?**

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**Wound Debrided Before Tetanus Onset**

**Wound Debrided Before Tetanus Onset**

**Wound Debrided Before Tetanus Onset**

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**Associated Condition (If no Acute Injury)**

**Describe Condition: (If no Acute Injury)**

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**Type of Tetanus Disease**

**TIG Therapy Given After Tetanus Onset**

**If Yes, How Soon After Illness Onset?**

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**Days Hospitalized**

**Days in ICU**

**Days Received Mechanical Ventilation**

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**Outcome One Month After Onset?**

**If Died, Date of Death**

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**Detached Here and transmit only lower portion if sent to CDC**
**Tetanus Surveillance Worksheet**

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Hospital Record No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street and No.)</td>
<td>City</td>
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<tr>
<td>Reporting Physician/Nurse/Hospital/Clinic/Lab Phone</td>
<td>Address</td>
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</tbody>
</table>

**Mother's Age in Years**

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
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- [ ] 96
- [ ] 97
- [ ] 98
- [ ] 99
- [ ] Unknown

**Mother's Birth Date**

- [ ] Month
- [ ] Day
- [ ] Year

**Date Mother's Arrival in U.S.**

- [ ] Month
- [ ] Day
- [ ] Year

**Mother's Tetanus Toxoid Vaccination History PRIOR to Child's Disease**

- [ ] 0 = Never
- [ ] 1 = 1 dose
- [ ] 2 = 2 doses
- [ ] 3 = 3 doses
- [ ] 4 = 4+ doses
- [ ] 9 = Unknown

**Years Since Mother's Last Dose**

- [ ] 0 - 98
- [ ] 99 = Unknown

**Child's Birthplace**

- [ ] 1 = Hospital
- [ ] 2 = Home
- [ ] 3 = Other
- [ ] 9 = Unknown

**Birth Attendant(s)**

- [ ] 1 = Physician
- [ ] 2 = Nurse
- [ ] 3 = Licensed Midwife
- [ ] 4 = Unlicensed Midwife
- [ ] 5 = Other
- [ ] 9 = Unknown

**Other Birth Attendant(s)**

(If Not Previously Listed)

**Other Comments?**

- [ ] Y = Yes
- [ ] N = No
- [ ] U = Unknown

**Institution Name**

**Phone Number**

**Date Reported**

**Clinical Case Definition**: Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms.

**Case Classification**: Confirmed: A clinically compatible case, as reported by a health-care professional.

Notes/Other Information:

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*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No. RR-10):39*