

Measles Rapid Assessment Form for the Local Investigator

(Please refer to the Disease Investigation Guideline for additional guidance.)

SYMPTOMS(S)	Unk.	No	Yes	Onset Date	Duration (days)	Comments	
Fever						Highest Temp:	
Rash						Appeared 1 st on: Spread to: Description:	
Cough							
Coryza							
Conjunctivitis							
Koplik's Spots							
Sore Throat							
Photophobia							
COMPLICATIONS	Unk.	No	Yes	Date(s)	Location(s)		
Hospitalized							
Died							
Otitis Media							
Pneumonia							
Diarrhea							
Encephalitis							
TRAVEL / VISITOR HISTORY	Unk.	No	Yes	Date Arrive	Date Depart	Location (To / From)	
Out of USA							
Out of State							
Out of County							
INITIAL EPI INFORMATION	Unk.	No	Yes	Date(s)	Location(s) or Case Information		
School/Daycare/Camp association							
Contact w/ Measles case							
Household contact of any of above							
<i>Collect additional information, as requested, on the Measles Supplemental Form Epidemiologic Information section.</i>							
Measles Vaccination History	Unk.	No	Yes	Date(s)	Type	Manufacturer	Lot
Dose 1							
Dose 2							
If NO to either dose, reason:							
LABORATORY TESTING	Unk.	No	Yes	Collection Date	Results		
Serum IgM					Positive / Negative / Indeterminate		
Serum IgG (Acute)					Positive / Negative / Indeterminate		
Serum IgG (Convalescent)					Positive / Negative / Indeterminate		
Virus Isolation *					Positive / Negative / Indeterminate		
Laboratory information:							

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Activity History For 21 Days Before Rash Onset and 4 Days After Rash Onset

	Day	Date	Activities
POSSIBLE EXPOSURE PERIOD *	-21		
	-20		
	-19		
	-18		
	-17		
	-16		
	-15		
	-14		
	-13		
	-12		
	-11		
	-10		
-9			
	-8		
	-7		
	-6		
	-5		
INFECTIOUS PERIOD	-4		
	-3		
	-2		
	-1		
	0 [rash onset]		
	1		
	2		
	3		
	4		

* Rash usually 2-4 days after prodrome of fever, malaise, cough & coryza. Incubation period: 7-18 days before fever onset.