

## 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 <sup>st</sup> 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 18 Days Before Rash Onset and 7 Days After Rash Onset	
Day -18	
Day -17	
Day -16	
Day -15	
Day -14	
Day -13	
Day -12	
Day -11	
Day -10	
Day -9	
Day -8	
Day -7	
Day -6	
Day -5	
Day -4	
Day -3	
Day -2	
Day -1	
Day 0	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	