

## Rubella 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	
<b>Fever</b>						Highest Temp:	
<b>Rash</b>						Appeared 1 <sup>st</sup> on: Spread to: Description:  Any medicine prior to rash?	
<b>Lymphadenopathy</b>							
<b>Conjunctivitis</b>							
<b>Photophobia</b>							
<b>Arthritis/Arthralgia</b>							
<b>Headache</b>							
<b>Malaise</b>							
<b>Anorexia</b>							
<b>Coryza</b>							
<b>Cough</b>							
<b>Itching</b>							
<b>Allergies</b>							
<b>COMPLICATIONS</b>	<b>Unk.</b>	<b>No</b>	<b>Yes</b>	<b>Date(s)</b>	<b>Location(s)</b>		
<b>Hospitalized</b>							
<b>Died</b>							
<b>Pregnant</b>				Trimester / gestational weeks:			
<b>Encephalitis</b>							
<b>Arthralgia/Arthritis</b>							
<b>Thrombocytopenia</b>							
<b>Additional Notes:</b>							
<b>TRAVEL / VISITOR HISTORY</b>	<b>Unk.</b>	<b>No</b>	<b>Yes</b>	<b>Date Arrive</b>	<b>Date Depart</b>	<b>Location (To / From)</b>	
<b>Out of USA</b>							
<b>Out of State</b>							
<b>Out of County</b>							
<b>INITIAL EPI INFORMATION</b>	<b>Unk.</b>	<b>No</b>	<b>Yes</b>	<b>Date(s)</b>	<b>Location(s) or Case Information</b>		
<b>School/Daycare/Camp association</b>							
<b>Contact w/ Rubella case</b>							
<b>Household contact of any of above</b>							
<i>Additional Notes (transmission setting / spread setting/occupation):</i>							
<b>Rubella Vaccination History</b>	<b>Unk.</b>	<b>No</b>	<b>Yes</b>	<b>Date(s)</b>	<b>Type</b>	<b>Manufacturer</b>	<b>Lot</b>
Dose 1							
Dose 2							
If NO to either dose, reason:							

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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
PCR					Positive / Negative / Indeterminate

Activity History For 21 Days Before Rash Onset and 7 Days After Rash Onset	
Day-21	
Day-20	
Day-19	
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	