Measles Case Report Form

*Call (or fax) MCDH CD Program to report each **suspect** or **confirmed** case within 24 hours of receipt.*

Phone: (815)334-4500 Fax: (815)334-0191

Reporter Information

Reporter Name:_____ Date of Report:_____
Physician: _____
Facility Name: _____
Location:_____
Phone Number:_____
Date/Time patient seen in clinic: _____

Incubation period: 7-21 days
Period of communicability: 4 days prior to rash onset to 4 days after rash onset
Measles RT-PCR preferred method of testing with IgM and IgG serology

Patient Contact Information

Name:_____ DOB:_____ Sex:_____
Address:_____
Phone Number: _____

History of Immunity

History of Measles Disease: ▫ Yes ▫ No Contact with anyone with known measles illness: ▫ Yes ▫ No
If yes, name of person:_____
Received measles-containing vaccine: ▫ Yes ▫ No ▫ Unknown
If Yes: Vaccine Name:_____ Date(s) received: _____ / _____
If no immunization, specify reason: _____

Clinical Information

▫ Maculopapular Rash ▫ Pustular or blistery rash ▫ Other_____ Rash onset:_____
Where did rash start? _____
Generalized Rash: ▫Yes ▫No

▫ Fever: Date of Onset:_____ Max Temp:_____

▫ Prodrome: ▫ Coryza ▫ Conjunctivitis ▫ Cough ▫ Pharyngitis ▫ Koplik spots ▫ Light Sensitivity
Prodrome Onset:_____

Other

Occupation:_____ Name of Employer:_____
Date last worked: _____ City of Employment:_____

Daycare Attendee: ▫ Yes ▫ No If yes, What Daycare: _____
Recent use of antibiotics: ▫ Yes ▫ No
If yes, antibiotic used:_____ Illness antibiotic prescribed for:_____
Recent change in detergent, lotions, other medications, etc? ▫ Yes ▫ No
If yes, explain:_____
Was patient instructed to remain home until 4 days after rash onset: ▫ Yes ▫ No
Was exam room kept closed for 2 hours if not negative air flow: ▫ Yes ▫ No
What labs were collected? ▫ Nasopharyngeal swab ▫ IgM ▫ IgG **When were labs collected?** _____
Did provider contact the local health department for authorization to test nasopharyngeal swab at IDPH? ▫ Yes ▫ No
Is office keeping track of who was in waiting room with patient and 2 hours after patient leaves office? ▫ Yes ▫ No