

# Suspect Swine Origin Influenza Virus (H1N1) Screening Form

## 1. Symptom

Fever  Yes  No Highest temp: \_\_\_\_\_  
Cough  Yes  No  
Sore throat  Yes  No  
Nasal congestion or Rhinorrhea  Yes  No  
Date of first symptom onset \_\_\_/\_\_\_/\_\_\_\_\_

## 2. Travel in the 7 days prior to illness to:

- Mexico
- Any area where swine origin influenza virus has been confirmed

## 3. Is this patient:

- Hospitalized
- A close contact to a confirmed or suspect case of swine origin influenza virus (H1N1)

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### IF patient has fever plus 1 or more additional symptom(s) AND

- Travel to one of the affected areas OR,
- Hospitalized with lower respiratory symptoms OR,
- A close contact to a confirmed case of swine origin influenza virus (H1N1) infection

### THEN:

1. Complete form with patient demographics and submitter information below and fax to 304-558-8736
  2. Collect nasopharyngeal swab and submit to the WV Office of Laboratory Services (OLS) for testing
  3. Complete an OLS *Influenza Specimen Submission* Form to accompany the specimen. Specimen testing CANNOT be performed without this form. The form is located at: <http://www.wvdhhr.org/labservices/forms/index.cfm>
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### Patient Demographics

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Patient's Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone \_\_\_\_\_ (cell/home/work) \_\_\_\_\_ (cell/home/work)

If patient is minor, name of parent or guardian: \_\_\_\_\_

### Submitter Information

Name (person completing form): \_\_\_\_\_ Phone: \_\_\_\_\_

Provider name (currently responsible for care): \_\_\_\_\_

Pager/cell: \_\_\_\_\_

Hospital or Clinic Name: \_\_\_\_\_ City: \_\_\_\_\_