



## North Carolina Disaster Surveillance Form (Aggregate)

For Active Surveillance in Facilities (e.g., Acute Care Facilities, Shelters) with Medical Staff



**Complete one form for all patients seeking care per day (12am – 12pm)**

Instructions	<i>Tally total number of patients in each category</i>		Example: <span style="font-size: 2em; font-family: cursive;">HHH</span>
Facility	Facility name (description) <input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>	Total Census <input style="width: 80%;" type="text"/>
Patient Information	Males	<input style="width: 100%;" type="text"/>	
	Females	<input style="width: 100%;" type="text"/>	
	Age < 1 years	<input style="width: 100%;" type="text"/>	
	Age > 65 years	<input style="width: 100%;" type="text"/>	
	Total PATIENTS seeking care	<input style="width: 100%;" type="text"/>	
	Total RESPONDERS seeking care (e.g., relief worker, volunteer)	<input style="width: 100%;" type="text"/>	
<b>Reasons for Visits</b> <i>Select one reason for each patient visit and tally total number of patients per syndrome category</i>			
UNINTENTIONAL INJURY (e.g., fall, cut, bite/sting, vehicle collision)	<input style="width: 100%;" type="text"/>	FEVER (i.e., >100.4° F or 38° C)	<input style="width: 100%;" type="text"/>
ANY INJURY, <i>not specified</i>	<input style="width: 100%;" type="text"/>	MENINGITIS, <i>Suspected</i>	<input style="width: 100%;" type="text"/>
CARBON MONOXIDE POISONING	<input style="width: 100%;" type="text"/>	JAUNDICE	<input style="width: 100%;" type="text"/>
HEAT-RELATED ILLNESS (e.g., heat exhaustion, hypothermia)	<input style="width: 100%;" type="text"/>	ANY CHRONIC DISEASE (e.g., diabetes, heart disease, MI)	<input style="width: 100%;" type="text"/>
VIOLENCE/SUICIDE	<input style="width: 100%;" type="text"/>	ANY BEHAVIORAL HEALTH (e.g., depression, anxiety)	<input style="width: 100%;" type="text"/>
ACUTE GI ILLNESS (e.g., gastroenteritis, vomiting, diarrhea)	<input style="width: 100%;" type="text"/>	ANY PREGNANCY RELATED	<input style="width: 100%;" type="text"/>
ACUTE RESPIRATORY ILLNESS (e.g., influenza like illness)	<input style="width: 100%;" type="text"/>	MEDICATION REFILL	<input style="width: 100%;" type="text"/>
PNEUMONIA, <i>Suspected</i>	<input style="width: 100%;" type="text"/>	VACCINATION	<input style="width: 100%;" type="text"/>
DERMATOLOGIC ILLNESS (e.g., rash, infection, infestation)	<input style="width: 100%;" type="text"/>	OTHER, <i>not specified, or unknown</i>	<input style="width: 100%;" type="text"/>
<i>OTHER events of concern, specify:</i> <input style="width: 100%; height: 40px;" type="text"/>			