

Environmental Report

Location
Reporter

Date of report (dd/mm/yy) /
Tel

Patient information

Name-
Surname Age year/month Sex ☐ male ☐ female
Parent's name (for children under 15)
School and level of student Immunization record

Environmental Surveillance:

Nature of the event..... /Agent.....Disease..... Date of onset
(dd/mm/yy) / /.....

Guideline for Investigation

☐ Food ☐ Water ☐ Soil ☐ Air ☐ Bat ☐ Pigeon ☐ Others

☐ Mosquito larva in water containers in patient's house ☐ Crowded household environment ☐ History of raw food consumption ☐ History of animal contact
☐ Others specify

Source of event identification
Location of event
Potential origin (infectious, chemical)
Number of cases/deaths
Number of people potentially exposed to hazard
Groups affected: age, occupation, gender
Common clinical findings

