

Public Health Madison & Dane County Suspect Measles Data Sheet

- **REPORT IMMEDIATELY BY PHONE TO COMMUNICABLE DISEASE ON-CALL AT 608-266-4821.** (FAXING this form does not eliminate the need to call PHMDC within 24 hours.)
- **After reporting by telephone, fax completed form to the ACD Nurse at 608-266-4858.**

Please complete the following information for people suspected of having measles. Return by fax to the ACD Nurse at Public Health Madison & Dane County at 608-266-4858. Do not wait for test results before reporting a person suspected of having measles.

Patient Demographics

Name: _____ DOB: _____ (mm/dd/yyyy) M F Other
 Address (street/number/city-town/zip): _____
 Parent/Guardian (if under 18): _____
 Home/Mobile phone: _____ Parent(s) work phone: _____
 School, child care facility, or employer: _____
 Race: American Indian/Native Alaskan Asian Black/African American White
 Hawaiian or Pacific Islander Other/specify: _____
 Ethnicity: Hispanic Non-Hispanic

Disease Information

Date of symptom onset: _____ (mm/dd/yyyy)
 Fever: Yes No Rash: Yes No Koplik spots: Yes No Cough: Yes No
 Unknown Unknown Unknown Unknown Unknown
 Other symptoms: _____

Exposure Information

Linked to another case of measles? Yes No Unknown Name: _____
 Travelled out of state or had visitors from out of state in the past month? Yes No Unknown
 Details: _____
 Susceptible household or other contacts (e.g. < 1 year old, underimmunized, immunocompromised): _____

Testing/Immunizations

Check which tests were done. PCR is recommended. Send all samples to the WI State Lab of Hygiene.
 PCR Serology: IgM IgG
 Immunization dates: MMR(V) #1 _____ (mm/dd/yyyy) MMR(V) #2 _____ (mm/dd/yyyy)
 Reported by: _____ Date: _____ (mm/dd/yyyy)
 Organization: _____
 Phone number: _____

Client needs to remain in respiratory isolation away from all public places until measles infection is ruled out.