North Carolina Disaster Surveillance Form

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

Complete form for each patient seeking care

NC Department of Health and Human Services

North Carolina Public Health

Facility	Facility name (description)		Date of Visit
Patient Information	Unique Identifier / Medical Record Number	Age	Gender ☐ Male ☐ Female

Race / Ethnicity: ☐ White ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

Reason for Visit

Check all categories related to patient's current reason for seeking care

☐ **ANY INJURY**
- ☐ Bite/Sting
  - ☐ Animal
  - ☐ Insect
  - ☐ Snake
- ☐ Burn
  - ☐ Chemical
  - ☐ Fire, hot object or substance
  - ☐ Sun exposure
- ☐ Cold-related (e.g., hypothermia)
- ☐ Cut
  - ☐ Debris
  - ☐ Machinery (e.g., chainsaw)
- ☐ Drowning/Submersion
- ☐ Electrocution
- ☐ Fall
- ☐ Heat-related
- ☐ Hit by object
- ☐ Poisoning **specify:**
  - ☐ CO exposure
  - ☐ Inhalation of fumes, dust, or gas
  - ☐ Ingestion
- ☐ Vehicle collision
- ☐ Violence / assault **specify:**
  - ☐ Sexual assault
  - ☐ Suicide / self-inflicted injury
  - ☐ Other assault

☐ **ANY ACUTE ILLNESS / SYMPTOMS**
- ☐ Cardiac emergency (e.g., pain, arrest)
- ☐ Conjunctivitis / eye irritation
- ☐ Dehydration
- ☐ Fever (i.e., >100.4°F or 36°C)
- ☐ Gastrointestinal **specify:**
  - ☐ Nausea / vomiting
  - ☐ Bloody diarrhea
  - ☐ Watery diarrhea
- ☐ Jaundice
- ☐ Meningitis / encephalitis
- ☐ Neurological (e.g., altered mental status or confused / disoriented, syncope, stroke)
- ☐ Oral / dental pain
- ☐ Respiratory **specify:**
  - ☐ Cough **specify:**
    - ☐ Dry
    - ☐ Productive
    - ☐ With blood
  - ☐ Wheezing in chest
  - ☐ Pneumonia, suspected
  - ☐ Shortness of breath, difficulty breathing
- ☐ Dermatologic **specify:**
  - ☐ Rash
  - ☐ Infection
  - ☐ Infestation (e.g., lice, scabies)

☐ **ANY CHRONIC DISEASE**
- ☐ Cardiovascular **specify:**
  - ☐ Hypertension
  - ☐ Congestive heart failure
- ☐ Diabetes
- ☐ Immune compromised
- ☐ Respiratory **specify:**
  - ☐ Asthma
  - ☐ COPD
- ☐ Seizure

☐ **ANY BEHAVIORAL HEALTH**
- ☐ Depressed
- ☐ Anxious
- ☐ Alcohol and/or other drug intoxication or withdrawal
- ☐ Psychotic
- ☐ Suicidal thoughts or ideation
- ☐ Danger to others

☐ **ANY PREGNANCY**
- ☐ Complication of pregnancy (e.g. premature bleeding, abdominal pain, fluid leakage)
- ☐ In labor with/without complication
- ☐ Routine pregnancy check-up

☐ **ANY Routine/Wellness visit**
- ☐ Medication refill ☐ Vaccination

RESPONDER/VOLUNTEER

☐ Did condition occur as a result of work (paid or volunteer) involving disaster response or recovery efforts?

Occupation / response role

DHHS #4094 (2/09)
PHP&R (review 2/09)