

Acute Flaccid Paralysis (AFP) Case Investigation Form

Province: _____ Hospital: _____ EPID NO: _____

Examiners Name: _____ Date of Report: dd / mm / yy Today's Date: dd / mm / yy

1. Case Identification

Patient's Name: _____ Patient's Sex: Male Female
 Mother's Name: _____ Date of birth: dd / mm / yy
 Father's Name: _____ Age: years ____ months ____
 Permanent Address (to find child for follow-up): _____

2. Hospitalization Yes / No

Hospital ID # _____

Hospital Name: _____ Date of admission: dd / mm / yy

Attending Doctor's Name: _____

3. Immunization History

Last OPV/IPV dose: dd / mm / yy Total OPV/IPV doses received: _____ immunization records ____ history ____

4. Clinical Examination for AFP [please use back page if space insufficient]

Date of investigation: dd / mm / yy

Date of onset of paralysis: dd / mm / yy

Date of onset of symptoms: dd / mm / yy

Number of days from onset to maximum paralysis: _____

Site of paralysis (circle): right arm / left arm / right leg / left leg / other (describe):

Fever	Y N U	Acute paralysis	Y N U	Meningeal signs	Y
Muscle pains	Y N U	Flaccid paralysis	Y N U	Upper motor neuron signs	Y N U
Headache	Y N U	Asymmetrical paralysis	Y N U	Sensation loss	Y N U
Seizures	Y N U	Ascending paralysis	Y N U	Muscles tone (provide grading)	_____
Injections (< 30 days)	Y N U	Deep Tendon reflexes (DTR) normal, reduced, absent, increased			

Other symptoms:

Results of clinical tests, particularly CSF:

Clinical working diagnosis:

Does the patient have AFP? Yes / No

If not AFP: injury / spastic paralysis / old polio / other (describe):

Place of Examination: _____ Examiners Signature: _____

5. Stool Specimen Collection

Collected: stool 1 - dd / mm / yy stool 2 - dd / mm / yy

Stool sent to Lab: dd / mm / yy

Stool received at Lab: dd / mm / yy

Laboratory results received: dd / mm / yy

Findings:

6. 60-Day Follow-up Exam

Yes/ No

Date: dd / mm / yy

If no, reason?

Died? Yes / No If yes, date: dd / mm / yy

If died, cause: _____

Residual paralysis present: Yes / No Site of paralysis: right arm / left arm / right leg / left leg / other

Ability to walk: cannot walk / walks with a limp / walks normally

Name of examiner: _____ Examiners Signature: _____

Comments: