الجمهورية اللبنانية – وزارة الصحة العامة – برنامج الترصد الوبائي

Republic of Lebanon - Ministry of Public Health - Epidemiology Surveillance Program

Person Under Observation FORM
For Severe Acute Respiratory Syndrome SARS
Part I - Case first investigation

A. Reporter

Reporting date	Reporting institution	Reporting physician phone number

B. Demographic Details

Name	Date of birth	Sex ☐ M ☐ F
Nationality	Occupation	Is he/she a health/lab worker? ☐ Yes ☐ No ☐ Unk

C. History of Exposure

Did the person have close contact with a known SARS case before the onset of symptoms? ☐ Yes ☐ No

SARS case	Country	Hospital where SARS case	Date of contact

Did the person travel to "affected areas" during the 10 days before the onset of symptoms? ☐ Yes ☐ No

Country	Region	From	To

Did the person work in laboratory during the 10 days before the onset of symptoms? ☐ Yes ☐ No

Country	Laboratory	Laboratory type	Type of work

Or has worked in a laboratory with live SARS-CoV or storing specimens infected with SARS? ☐ Yes ☐ No

Country	Laboratory	Laboratory type	Type of work

D. Symptoms and signs at onset

Date of onset of initial symptoms	Body temperature	Cough ☐ Yes ☐ No ☐ Unk
Dyspnea ☐ Yes ☐ No ☐ Unk	Respiratory distress ☐ Yes ☐ No ☐ Unk	Other symptoms:
Chest X ray: ☐ Yes ☐ No Date: Results:	CBC: ☐ Yes ☐ No Date: White cell count: Segmented count: Platelet count:	Other lab findings:

E. Decision

☐ Suspected SARS		
☐ Suspected SARS	☐ Isolation at hospital: Hospital name: Admission date:	☐ Isolation at home:

Date and Signature:

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Part II –Laboratory testing

A. Identification

Reporting Institution	Reporting Physician Phone Number	Case Name

B. Clinical specimen collection – To be filled at the hospital

Specimen(s)	Date of collection
☐ Throat swab ☐ Sputum ☐ Deep tracheal aspirate ☐ Broncho-alveolar lavage ☐ Blood ☐ Stool ☐ Urine ☐ Other:	

Person in charge: Phone Number:
Date and Signature: Email Address:

C. Clinical specimen shipment - To be filled by the MOPH

Specimen, ref	Date of Shipment	Shipment References

Person in charge: Phone Number:
Date and Signature: Email Address:

D. Clinical specimen arrival - To be filled by WHO reference laboratory

Specimen, ref	Date of Arrival	Condition on Arrival

Person in charge: Phone Number:
Date and Signature: Email Address:

E. Laboratory results - To be filled by WHO reference laboratory

Tests	Results	Comments

Person in charge: Phone Number:
Date and Signature: Email Address: