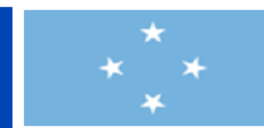
8TH MICRO GAMES 2014
POHNPEI FSM

STATE OF POHNPEI Department of Health Services
Public Health Surveillance Form



SPC
Secretariat of the Pacific Community

Point of Care (name of dispensary/community health centre/private clinic/hospital/games village/venue): ______________________________

Note: Please enter information into the rows below for each patient who has one or more of the eight syndromes listed.

VISIT DATE: ____ /____ / 2014
mm / dd

First Name	Last Name	Date of birth	Age (Years)	Sex (M, F)	Country of residence	Village & Municipality of residence (for Pohnpei only)	Telephone/ Cell number	Current accommodation site (for visitors to Pohnpei)	Acute Fever and Rash (AFR)	Watery Diarrhea	Non-watery Diarrhea	Influenza-like-Illness (ILI)	Prolonged Fever	Fever and Jaundice	Food-borne disease outbreak syndrome	Heat-related Illness	Onset date	Hospitalized?	Sample taken (and to be sent to lab)
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No
				☐ M ☐ F	☐ Pohnpei ☐ Other (*specify*) _________				☐	☐	☐	☐	☐	☐	☐	☐		☐ Yes ☐ No	☐ Yes ☐ No

On the last page of each working day, please report on the following fields

Total number of encounters (**all causes**) for the day ☐

Total number of visits (**syndromes only**) for the day ☐