

 Save Draft  Submit

Event-Based Surveillance Form

Fields with an * are required.

Location *

No selection 

Report date

No date selected 

Event

What is the likely hazard? *

No selection 

Date event was reported

No date selected 

Who did the report come from? *

No selection 

How was the information received? *

No selection 

Place where event occurred

Enter text

Reported cases and deaths