

Medical Examiner Infectious Deaths Surveillance: Case Report Form

Report Date ___ / ___ / ____

xx-20__ - ____ XMN1_____

ME Case ID: _____ Name: _____

Date of Birth: ___ / ___ / ____

Medical Examiner: _____ County: _____

Date of Death: ___ / ___ / ____

1) Antemortem signs/symptoms suggestive of an infectious disease related death:

- Fever over 100.4 Felt hot or had chills
- Respiratory infection
 - Cough Dyspnea Pneumonia Sore Throat Bronchitis Other:
- GI
 - Vomiting Stomach pain Diarrhea Other:
- Neuromuscular, acute
 - Lethargy Seizure Headache Disoriented Other:
- New rash, abscess, other skin changes
- SUIDS-like death
- No apparent cause of death
- Other:

2) Postmortem syndromes suggestive of an infectious disease related death:

- Neuro:
 - Encephalitis Meningitis
- Respiratory:
 - Pharyngitis Bronchitis Pneumonia
 - Epiglottitis Bronchiolitis, acute Diffuse alveolar damage
 - Other upper airway infection
- Cardiac:
 - Myocarditis Endocarditis
- Acute hepatitis Fulminant hepatic necrosis
- Enterocolitis Lymphadenitis
- Diffuse rash Sepsis syndrome
- Soft tissue lesion Other:

3) Underlying Conditions:

4) Brief description death investigation:

Were they hospitalized?
 Yes No

5) Autopsy: Full Partial None

Donation status (please check all that apply): Organ Tissue Eye

6) Cause of death:

- Infectious cause? Yes Possible (one of many potential causes)
 No Unable to determine
- Agent identified? Yes, name of pathogen:
 No