


APPENDIX C PUBLIC HEALTH PATIENT FORM



PUBLIC HEALTH PATIENT FORM
(ONE FORM FOR EACH ILL PASSENGER)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Date

Name/title of informant

Phone no. of informant

Port

Duty Officer

Phone no of Duty Officer

Airline

Flight No

Date Flight

Duration (include time on ground Hours Mins

Please fill in more flight details on Incident Form

PATIENT/ILL PASSENGER

Information provided by ill passenger Yes No If No give name and title of source

Name of ill passenger

DOB

SEX

Location on plane: Seat number

Area of Plane/ Cabin section

Front

Middle

Rear

Over wings

Date of start of travel

Airport of Origin

Country of Origin

*Countries/area visited by passenger in last 21 days (including stop overs)

Permanent address

Mobile Number

Expected Location/Contact details for next 14 days

SYMPTOMS

Date of onset of symptoms

Time of onset of symptoms

Place of onset of symptoms

Tick the symptoms associated with the illness

<input type="checkbox"/> Appearing obviously unwell	<input type="checkbox"/> *Temperature $\geq 38^{\circ}$	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/> *History of fever	<input type="checkbox"/> Bloody diarrhoea	<input type="checkbox"/>
<input type="checkbox"/> Confusion of recent onset	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Vomiting	<input type="checkbox"/>
<input type="checkbox"/> Neck stiffness	<input type="checkbox"/> Unexplained bruising	<input type="checkbox"/> Cough	<input type="checkbox"/>
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Unexplained bleeding	<input type="checkbox"/> Breathing difficulties	<input type="checkbox"/>
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Runny nose	<input type="checkbox"/>
<input type="checkbox"/> Convulsions			

Rash

Describe the rash

Any other symptoms

History of contact with a person known to be ill (when and where, contact details if known)

If yes to fever, and patient travelled to an endemic area for VHF within 21 days (see www.hpsc.ie for list of endemic areas) use VHF algorithm (Appendix D)

Relevant incident on plane Yes No Details

History of exposure to body fluids from another individual (details)