### General Influenza Investigation Form

**Patient's name:**
- Last
- First
- MI

**Address:**
- City:
- County:
- Zip:

**Phone:**
- Phone 1:
- Phone 2:

**Date of birth:** / / Age: Year: Gender: Male □ Female □ Unknown

**Race:**
- White □
- Black □
- Asian □
- Pacific Islander □
- Native American/Alaskan □
- Other: □

**Occupation:**
- Unknown □
- HCW: Yes □
- No □
- Long-term care resident: Yes, at: □
- No □

**LABORATORY DATA**

Was the patient hospitalized for flu or flu related illness

**HOSPITALIZATION INFORMATION**

Date of hospitalization:
- Chief complaint or reason for admission:
- Date of discharge:
- Discharge status:
- Recovered □
- Deceased (flu related) □
- Deceased (unrelated to flu) □

**Complications:**
- Pneumonia □
- Acute Respiratory Distress Syndrome □
- Sepsis □
- Hemoptysis □

**Was the patient admitted to the intensive care unit?**
- Yes □
- No □
- Unknown □

**Reason for hospitalization:**
- Unknown □

**Specimen sent to DSHS?**
- Yes □
- No □
- Unknown □

**Laboratory Name:**
- Specimen:

**Other influenza test:**
- Test name:
- Date:
- Specimen:

**PCR test:**
- Date:
- Result:

**Rapid influenza test:**
- Date:
- Result:

**Was influenza testing done?**
- Yes □
- No □
- Unknown □

**Investigation Form**

EAIDB Form EF59-13659 v(08/22/11) *Some flu investigations may require additional information (e.g. novel flu). Flu-associated pediatric mortality requires a different form.*