Form S Reporting Format for Syndromic Surveillance (To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)

State	DistrictBlockYear											_			
Name of the Health Worker/Volunteer/Practitioner					of the S	Supervi	sor			Name of the Reporting Unit					
ID No./Unique Identifier (To be filled by DSU)					ting	Fr	om								
							_ [dd	mı	m	уу	_			
	а	b	С	d	е	f	To g	h	 i	<u> </u> ;	k		m	n	
	_ a	U		ses	C		Total	"		D	eaths		111		
		Male			Female)			Male			Female	Female		
	< 5 yr	≥5 yr	Total	< 5 yr	≥ 5 yr	Total		< 5 yr	≥5 yr	Total	<5 yr	≥5 yr	Total		
1. Fever															
Fever < 7 days															
1 Only Fever															
2 With Rash															
3 With Bleeding															
4 With Daze/Semiconsciousness/ Unconsciousness															
Fever > 7 days															
2. Cough with or without fever															
<3 weeks															
>3 weeks															
3. Loose Watery Stools of Less	Than	2 Weel	ks Dui	ation											
With Some/Much Dehydration															
With no Dehydration															
With Blood in Stool															
4. Jaundice cases of Less That	1 4 We	eks Du	ration					•	•						
Cases of acute Jaundice															
5. Acute Flacid Paralysis Cases	s in Le	ss Tha	n 15 Y	ears c	f Age										
Cases of Acute Flacid Paralysis															
6. Unusual Symptoms Leading	to Dea	th or F	lospit	alizatio	on tha	t do no	ot fit in	to the a	above.						
·															

Date: Signature

Form P Reporting Format for Presumptive Surveillance

(To be filled by Medical Officer at PHC/CHC, Government/Non-Government/Private Hospitals, Private Prectitioners)

State	Dist	rict					Block		Year					
Name of Doctor		Design	nation				Name of the Reporting Unit							
ID No./Unique Identifier			Reporting F				dd	m	m	уу				
	а	b	С	d	е	f		l I h	<u></u> i	<u> </u>	<u> </u>		l m	l n
							9		<u> </u>	D	l		1	
	Male		I		1		Total		Male	Female				Total
	< 5 yr	≥5 yr	Total	< 5 yr	≥5 yr	Total		< 5 yr	≥5 yr	Total	< 5 yr	≥5 yr	Total	
1. Fever														
Fever < 7 days	Suspect Cases							es						
1 Only Fever														
2 With Rash														
3 With Bleeding														
4 With Daze/Semiconsciousness/ Unconsciousness														
Fever > 7 days														
	Probable Cases													
Measles														
Dengue (Epi linked cases)														
Japanese Encephalitis (Epi linked cases)														
Typhoid														
2. Cough with or without fever	•		•	•	•			-		•				
Cases of Cough	Reporting From													
<3 weeks - ARI														
>3 weeks														
3. Loose Watery Stools of Less Ti	han 2 \	Weeks	Durat	ion	•			-		•				
Cases of watery stools of < 2 weeks							Sus	pect Cas	es					
With Some/Much Dehydration														
With no Dehydration														
With Blood in Stool														
		•	•	•		•	Prob	able Cas	ses			-	•	-
Epidemiologically linked cases of Cholera														

	Cases							Deaths						
	Male			Female			Total	Male			Female			Total
	< 5 yr	≥5 yr	Total	< 5 yr	≥5 yr	Total		< 5 yr	≥5 yr	Total	< 5 yr	≥5 yr	Total	
4. Jaundice cases of Less Than 4	Week	s Dura	tion											
Cases of Acute Jaundice	Suspect Cases													
	Probable Cases											II.		
Epidemiologically Linked Cases of Hepatitis A / E														
5. Acute Flacid Paralysis Cases in	ı Less	Than	15 Yea	ars of	Age									
Cases of Acute Flacid Paralysis	Suspect Cases													
	Probable Cases										ļ			
Epidemiologically linked cases of Polio														
6. Unusual Symptoms Leading to	Death	or Ho	spitali	ization	not C	onforr	ning to	the Abo	ove Sy	ndron	nes			
Cases of unusual symptoms leading to death or hospitalization not conforming to the above syndromes.	Suspect Cases													
											_			
							Prob	able Cas	es			1	Į.	
Write clinical diagnosis														

 $\underline{\text{Note}}: \textbf{Information related to State Specific Diseases (if any) may be added.}$

Date: Signature