

Daily Case Reporting Performa or Line List of Swine Influenza suspected passengers

Name of International Airport

As of ----- 2009

A:

S #	Name of Patient	Father/Husband Name	Age	Sex	Complete Residential Address Contact #	Origin and History of Travel in previous week Name of places	Port of entry	Flight Number & Time	Date and time of Arrival	Signs & Symptoms	Name Of hospital for isolation/ Quarantine	Date o f Admission	Date of Discharge	Out Come (Recovered/ died or Discharged)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

B.

Cumulative cases reported

Suspected Admissions/Referrals			Still Admitted	Discharged	Deaths			Laboratory Diagnosed Positive Cases		
Previous	In last 24 Hrs	Cumulative			Previous	Last 24 Hrs	Cumulative	Previous	Last 24 Hrs	Cumulative

Reported by	
Countersigned by	
Dated	
Contact No.	

Note: This Report should be generated by the designated Focal Person of the hospital/ dispensary everyday countersigned by the competent authority and faxed to the Epidemic investigation Cell, Public Health Laboratories Division, National Institute of Health, Islamabad on fax Nos. 051-9255575, 9255099