MUMPS REPORTING FORM
EMAILS WILL NOT BE ACCEPTED FAX: 613-345-5777

REPORTING SOURCE		iPHIS CASE NUMBER:	
Name:	Agency:		
Phone #:	Date (y/m/d):	Time:	

CLIENT INFORMATION		
Last Name:	First Name:	Gender:
Phone #:	DOB (y/m/d):	
Address:	City:	Postal Code:
Name of Parent/Guardian (if applicable):	Occupation:	
HEALTH CARE PROVIDER:	Phone #:	Fax #:

Name of daycare/school/workplace:	
Address:	Last date of attendance:
Phone #:	Contact Person:

LAB INFORMATION			
Buccal Swab	Yes ☐ No ☐	Date (y/m/d):	Result:
Urine Specimen	Yes ☐ No ☐	Date (y/m/d):	Result:
Acute Serum	Yes ☐ No ☐	Date (y/m/d):	Result:
Convalescent Serum	Yes ☐ No ☐	Date (y/m/d):	Result:

CASE DETAILS		
Doctor who made diagnosis:		Phone #:
Onset Date (y/m/d):	Date of Diagnosis (y/m/d):	
Immunization up-to-date: Yes ☐ **No** ☐	**1st Dose** (y/m/d):	**2nd Dose** (y/m/d):
Symptoms:		
Possible source of infection:		
Self-Isolation: ☐ **Exclude the case from school, work and other activities X 5 days after parotitis begins**		
Hospitalized: Yes ☐ No ☐	Admitted (y/m/d):	Discharged (y/m/d):
Name of Hospital:		
Complications:		Outcomes:

Leeds, Grenville & Lanark District HEALTH UNIT

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RISK FACTORS
☐ Attends post-secondary institution
☐ Immunocompromised (specify)
☐ Not immunized for Mumps
☐ Partially/incompletely immunized
☐ History of recent travel (including location & dates):

CONTACTS/RELATIONSHIP/PHONE # *(identified according to protocol)*	**SUSCEPTIBLE** *(identified according to protocol)*
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
FOLLOW-UP	
Daycare/School informed	Yes ☐ No ☐
Have parents of children at daycare/school been informed	Yes ☐ No ☐
Have parents of children at daycare/school been given a letter	Yes ☐ No ☐

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c. H.7.

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FOR HEALTH UNIT USE ONLY				
NOTES (Response/Assessment/Intervention/Plan)			**INVESTIGATOR:**	
			iPHIS Client #:	
DATE	**TIME**		**iPHIS Case/Incident #:**	
		Notes taken by: Notes:		
		Notes taken by: Notes:		
		Notes taken by: Notes:		
		Notes taken by: Notes:		
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