Kawasaki Syndrome Case Report

Please fill in the blank or check the answer for each question.

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**PATIENT INFORMATION/DEMOGRAPHICS**

- **Patient's Initials:**
  - (First, Middle, Last)

- **Residence:**
  - **City:**
  - **County:**
  - **State:**

- **Age at Onset:**
  - (Yes) (Mo.)

- **Date of Birth:**
  - (mm/dd/yyyy)

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**CLINICAL OUTCOMES**

- **Date of Onset of Symptoms:**
  - (mm/dd/yyyy)

- **Was the patient hospitalized?**
  - NO
  - YES

- **Date of Kawasaki Syndrome episode:**
  - (mm/dd/yyyy)

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**SIGNS, SYMPTOMS, AND DIAGNOSTIC CRITERIA**

- **The criteria for a case are:**
  - (1) bilateral conjunctival injection,
  - (2) oral changes,
  - (3) peripheral extremity changes,
  - (4) rash,
  - (5) and cervical lymphadenopathy (at least one lymph node ≥1.5 cm in diameter).

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**CARDIAC STUDIES**

- **Check the results for each study type (A-C), and list the number of weeks after illness onset that the study was done. If multiple studies were done, report the results that showed coronary artery aneurysm or dilation for the first time.**

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**COMPLICATIONS**

- **Check or list whether complications were associated with this illness.**

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**TREATMENT:**

- **If yes, what is the IVGG treatment?**
  - (mm/dd/yyyy)

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**REPORTED BY:**

- **Kawasaki Syndrome Surveillance**
  - Division of High-Consequence Pathogens and Pathology
  - Mailstop A-30
  - Centers for Disease Control and Prevention
  - Atlanta, GA 30333

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Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearinghouse Officer: 1600 Clifton Road NE, MS D-7A, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).