Appendix 10-2	A	р	р	en	dix	1	0	-2
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Mumps	Surveillance Worksheet
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Name (Last, First)											Hospital	Record Number	
Address (Street and Number) City Cou						County	/	State Zip Code Phone			Phone		
Reporting Physician/Nurse/Hospital/Clinic/Lab Address						Phone							
DETACH HERE and transmit only the lower portion if sent to CDC													
Co	unty Sta	te	Zip Code										
Bir	th Date	A	ge	Age T			Ethnic	N - Native American / Alaskan Native				tive	
	onth Day Year	99	9 = Unknown	1 = 2 = 3 =	= 0-120 yea = 0-11 mon = 0-52 weel = 0-28 days = Age unkn	ths ks	N :	= Hispanic = Not Hispanic = Unknown	A = Asia B = Afri W = Wh O = Oth	= Asian / Pacific Islander = African American ' = White = Other		M = Male F = Female U = Unknown	
Eve	ent Date	E	vent Type		-	ported			U = Unknown Import Status Report Status				
M	onth Day Year		1 = Onset I 2 = Diagno 3 = Lab Tes 4 = Reporte 5 = Reporte MMWR 9 = Unknow	sis Date at Date ed to Co ed to Sta Report I	unty Month Day Year 1 = U.Sacquired 3 = Endemic 2 = International 4 = Unknown					Imported Viru Endemic Unknown	s 1 = Confirmed 2 = Probable 3 = Suspect 4 = Unknown		
	Y = Yes     Unilateral       N = No     Bilateral	J	aw Pain? Y = Yes N = No U = Unknow	wn			(0)	Meningitis?	De	eafness? Y = Yes N = No U = Unkn	own	Orchitis? Y = Yes N = No U = Unknown	
CLINICAL DATA	Salivary Gland Swelling (incl Onset Month Day Year Submandibular? Subling Y = Yes U = Unknown Y = U = Unknown	jual'	Dura	tion	er of Days n		COMPLICATIONS	Encephalitis? Y = Yes N = No U = Unknown Hospitalized? Y = Yes N = No U = Unknown		eath? Y = Yes N = No U = Unkno lospitalize 999 = 1		Other Complications? V = Yes N = No U = Unknown If Yes, please specify	
	Was Laboratory Testing Done Y = Yes N = No U = Unknown							Date First Repo	orted to a H		artment		
LABORATORY	Date Serologic (IgG) Specimo IgG (acute) Month Day Year Test Used Units Reported		Resi	ult   P =	Result Codes P = Significant rise in IgG I = Indeterminate N = No significant rise in IgG		Date Case Investigation Started     Image: Started in the started						
	IgG (convalescent)				E = X = U =	E = Pending X = Not Done U = Unknown		Transmission Setting (Where did this person acquire mumps?)     1 = Day Care   9 = Unknown     2 = School   10 = College     3 = Doctor's Office   11 = Military     4 = Hospital Ward   12 = Correctional Facility     5 = Hospital ER   13 = Church     6 = Hospital Outpatient Clinic   14 = International Travel     7 = Home   15 = Other					
		Year			ult			8 = Work If Other, Specify Transmission Setting Were Age and Setting Verified? (Is age appropriate for setting?) Y = Yes N = No U = Unknown					
	Date Serologic (IgM) Specimer   IgM (1)					Result Codes	es	Source of Exposure for Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State					
	IgM (2) IgM (2	Month Day Year				I = Indeterminate N = Negative E = Pending X = Not Done		if source was out-of-state)					
	Other Lab Results					U = Unknown							
	PCR	Year						Epi-linked to A	nother Con	firmed or	Probable (	Case?	
	Culture					Y = Yes N = No U = Unknown	I						

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	Vaccinated? (Received mumps-containing vaccine?) Y = Yes N = No U = Unknown	Notes (History o	of natural mumps	disease?)						
≻	Vaccination Date	Vaccine Type	Manufacturer	Lot Number						
HISTORY					Vaccine Type Codes	Vaccine Manufacturer				
						A = MMR B = Mumps	Codes M = Merck			
CINE						O = Other U = Unknown	O = Other U = Unknown			
VAC										
	Number of Doses Received After 1	st Birthday If N	If Not Vaccinated, What Was the Reason?							
	9 = Unknown		1 = Religious Exemp 2 = Medical Contraindication	Objection	5 = MD Diagnosi Previous Dis 6 = Under Age fo Vaccination	ease 8 = Othe	-			

## **Notes/Other information**