



Family name: \_\_\_\_\_

All other names: \_\_\_\_\_

Home post code:

NHS number:

Address in UK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_

Age: \_\_\_\_\_

Gender: M / F

Country of birth: \_\_\_\_\_

Country of usual residence: \_\_\_\_\_

<p><b>Ethnicity: (mark one)</b></p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> Other White background</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Other Black background</p> <p><input type="checkbox"/> Indian Sub-Continent</p> <p><input type="checkbox"/> South-East Asian</p> <p><input type="checkbox"/> Other Asian background</p> <p><input type="checkbox"/> Mixed Ethnicity</p> <p><input type="checkbox"/> Other (please specify)</p>	<p><b>Reason for travel: (mark one)</b></p> <p><input type="checkbox"/> New entrant to UK</p> <p><input type="checkbox"/> Visiting family in country of origin</p> <p><input type="checkbox"/> UK citizen living abroad</p> <p><input type="checkbox"/> Civilian sea/air crew</p> <p><input type="checkbox"/> British armed forces</p> <p><input type="checkbox"/> Business/Professional travel</p> <p><input type="checkbox"/> Foreign student studying in UK</p> <p><input type="checkbox"/> Holiday travel to malarious country</p> <p><input type="checkbox"/> Foreign visitor ill while in UK</p> <p><input type="checkbox"/> Children visiting parents living abroad</p> <p><input type="checkbox"/> Other (please specify)</p>	<p><b>Malaria prophylaxis taken: (for PREVENTION during travel)</b></p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> Mefloquine (Lariam)</p> <p><input type="checkbox"/> Malarone</p> <p><input type="checkbox"/> Doxycycline</p> <p><input type="checkbox"/> Chloroquine (Nivaquine/Avloclor)</p> <p><input type="checkbox"/> Proguanil (Paludrine)</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other (please specify)</p> <p>Prophylaxis taken regularly? Y / N</p> <p>Continued on return for _____ weeks</p>
---	---	--

Date of onset of illness: \_\_\_ / \_\_\_ / \_\_\_

Date of starting treatment: \_\_\_ / \_\_\_ / \_\_\_

Date of arrival in UK from malarious country \_\_\_ / \_\_\_ / \_\_\_

Duration of stay abroad : \_\_\_\_\_

Country(ies) where infection acquired: \_\_\_\_\_

For India, please specify areas visited

G.P. Name & Address	Name and contact details of person completing this form if not G.P.
Tel. No.	Date:

Verify country visited for the following

SUDAN	SOUTH SUDAN
<input type="checkbox"/>	<input type="checkbox"/>
CONGO	DEM.REP. of CONGO
<input type="checkbox"/>	<input type="checkbox"/>

Hospital where diagnosis made \_\_\_\_\_

Date of diagnosis  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Blood film**  
Result:  
Tick box(es) below

**Antigen test**  
Brand:  
Result:

**Other method of diagnosis**  
State which:  
Result:

**Blood film result:**

- P. falciparum
- P. vivax
- P. malariae
- P. ovale
- P. knowlesi
- Species unknown
- No malaria parasites found

**Was patient treated as:**

- Outpatient
- Inpatient

**Was patient:**

Pregnant Y / N \_\_\_\_ / 40  
Admitted to ITU/HDU Y / N  
Duration of stay in hospital \_\_\_\_ days

**Outcome of illness:**

- Recovery
- Death
- Unknown

Any other information relevant to this case:

**If sending specimens for referral please also give the following information:**

**Date of Sample**

NHS/Hosp No. \_\_\_\_\_

Lab No. \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of specimen:**

- Blood
- Blood films
- Other (please specify)  
**High Risk? nature of risk?**

**Name and address for report:**

**Contact telephone number:**

**MALARIA IS A NOTIFIABLE DISEASE - PLEASE FILL IN A STATUTORY NOTIFICATION FORM AND FORWARD TO THE CIDSC.**

**Please return this form to:**

PHE Malaria Reference Laboratory  
Faculty of Infectious & Tropical Diseases  
London School of Hygiene and Tropical Medicine  
Keppel Street, London WC1E 7HT  
(DX: HPA Malaria Ref Lab, DX6641200 Tottenham  
Crt RD92 WC)

Tel. No.: Surveillance 020 7927 2435  
Laboratory 020 7927 2427  
Fax 020 7637 0248

**MRL USE ONLY**