



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>Ethnicity: (mark one)</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>Reason for travel: (mark one)</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>Malaria prophylaxis taken: (for PREVENTION during travel)</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>
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Date of onset of illness: ___ / ___ / ____

Date of starting treatment: ___ / ___ / ____

Date of arrival in UK from malarious country ___ / ___ / ____

For India, please specify areas visited

Duration of stay abroad : _____

Country(ies) where infection acquired: _____

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

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