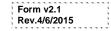


## Natural Disaster Morbidity Surveillance Summary Report Form For Reporting Purposes



Submit completed form daily to the Kentucky Dept. for Public Health via fax at 502-696-5852.

Part I FACILITY INFORMATION			Part III F	PERSONS SEEN OR	TREATED	
			TOTAL SEEN OR TREATED DURING CURRENT REPORTING PERIOD:		#	
STATE ZIPCODE NAME OF FACILITY		_	~	White	#	
REPORTING PERSON/CONTACT:			ICIT	Black/African American	#	
PHONE NAME			RACE / ETHNICITY	Hispanic or Latino	#	
				Asian	#	
FAX EMAIL			RAC	Unknown	#	
Part II REPORTING PERIOD				≤ 1 years	#	
START:	AM P	М	AGE	≥ 65 years	#	
	AM P	М		Pregnant females	#	
DTAL SHELTER POPULATION AT START: #			TOTAL REFERRED TO HOSPITAL: #			
Part IV Use categories that best describe patients' current reasons for seeking care. Complete the Total patient tallies for each						
syndrome category in the column to the right. Be as specific as possible. A single patient may be counted more than once.						
SYNDROME CATEGORY TOTAL			SYNDRC	OME CATEGORY	TOTAL	
WORKERS/VOLUNTEERS - TOTAL	OTHER ILLNESS - TOTAL					
IJURY - TOTAL Dehydration						
Fall, slip, trip (from height or same level)		Fever (≥100° F or 37.8° C)				
Motor vehicle crash	Meni			ningitis/encephalitis, suspected		
Carbon monoxide exposure Neu			urological			
Violence/assault Pain			ı			
Injury - not specified above			Other illness – not specified above			
DERMATOLOGIC/SKIN - TOTAL			EXACERBATION OF CHRONIC DISEASE - TOTAL			
Rash Ca			Cardiovascular disease (e.g., hypertension, CHF)			
nfection Diab			betes			
Infestation (e.g., lice or scabies)			unocompromised (e.g., HIV, lupus)			
GASTROINTESTINAL ILLNESS - TOTAL Neurological (e.g., seizure, stroke)				seizure, stroke)		
Diarrhea - bloody			Respiratory (e.g., Asthma, COPD)			
			NTAL HEALTH - TOTAL			
Nausea or vomiting			Agitated behavior			
OB/GYN – TOTAL		Anxi	ety or stress			
GYN condition not associated with pregnancy		Depi	ressed mood			
or post-partum period		Drug	/alcohol intoxid	cation or withdrawal		
In labor		Prev	ious mental he	alth diagnosis		
Pregnancy complication			Psychotic symptoms (i.e. paranoia)			
Routine pregnancy check-up			Suicidal thoughts or ideation			
RESPIRATORY ILLNESS - TOTAL RO			ROUTINE/FOLLOW-UP - TOTAL			
Congestion, runny nose, sinusitis		Med	ication refill			
Cough		Bloo	d sugar check			
Pneumonia, suspected			Blood pressure check			
Shortness of breath or difficulty breathing			Vaccination			
Wheezing in chest			Wound care			
INFLUENZA-LIKE-ILLNESS (ILI) - TOTAL				R VISIT. not listed above		