

# Form S

## Reporting Format for Syndromic Surveillance

(To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)

State _____	District _____	Block _____	Year _____																
Name of the Health Worker/Volunteer/Practitioner		Name of the Supervisor			Name of the Reporting Unit														
ID No./Unique Identifier (To be filled by DSU)		Reporting week	From		To														
			dd	mm	yy														
		Cases			Total	Deaths						Total							
		Male		Female		Male		Female											
		< 5 yr	≥ 5 yr	Total		< 5 yr	≥ 5 yr	Total	< 5 yr	≥ 5 yr	Total								
<b>1. Fever</b>																			
<b>Fever &lt; 7 days</b>																			
1 Only Fever																			
2 With Rash																			
3 With Bleeding																			
4 With Daze/Semiconsciousness/ Unconsciousness																			
<b>Fever &gt; 7 days</b>																			
<b>2. Cough with or without fever</b>																			
< 3 weeks																			
> 3 weeks																			
<b>3. Loose Watery Stools of Less Than 2 Weeks Duration</b>																			
With Some/Much Dehydration																			
With no Dehydration																			
With Blood in Stool																			
<b>4. Jaundice cases of Less Than 4 Weeks Duration</b>																			
Cases of acute Jaundice																			
<b>5. Acute Flacid Paralysis Cases in Less Than 15 Years of Age</b>																			
Cases of Acute Flacid Paralysis																			
<b>6. Unusual Symptoms Leading to Death or Hospitalization that do not fit into the above.</b>																			

Date:

Signature