



**Department of Health and Family Welfare, Punjab**  
**CASE INVESTIGATION FORM (MALARIA POSITIVE CASE)**



**District:-** \_\_\_\_\_

**Malaria Case No:-** \_\_\_\_\_

**A**     **BASIC DETAILS**

- 1) Name of the Patient:- \_\_\_\_\_
- 2) Father's Name:- \_\_\_\_\_
- 3) Age:- \_\_\_\_\_                      4) Sex:- \_\_\_\_\_                      5) Weight:- \_\_\_\_\_
- 6) Permanent Address:- \_\_\_\_\_
- 7) Current Address:- \_\_\_\_\_
- 8) Duration of Stay at Current Address:- \_\_\_\_\_
- 9 Mobile No.:- \_\_\_\_\_                      10) Occupation:- \_\_\_\_\_
- 11) Sub Centre:- \_\_\_\_\_                      12) PHC/CHC:- \_\_\_\_\_
- 13) Block:- \_\_\_\_\_                      14) District:- \_\_\_\_\_

**B**     **CLINICAL HISTORY**

**1) FEVER**

- i) Date of onset of fever:- \_\_\_\_\_
- ii) Type of fever:-     Continuous/Remittent/Intermittent
- iii) Temperature (Documented):- \_\_\_\_\_
- iv) Rigors/Chills:-                      Yes/No
- v) Bodyaches:-                      Yes/No
- vi) Nausea/Vomiting:-     Yes/No
- vii) Any other symptom:- \_\_\_\_\_

- viii) Any other significant sign noticed by the treating Physician/Medical officer:-  
\_\_\_\_\_
- ix) Any past history of fever:- \_\_\_\_\_
- x) History of Admission in Hospital:- Yes/No
- xi) If yes,
- (a) Name of the Hospital:- \_\_\_\_\_
- (b) DOA:- \_\_\_\_\_
- (c) DOD:- \_\_\_\_\_
- xii) Any other complication of Malaria:- Anaemia/Hyperbilirubinemia/ Renal Failure/Ruptured Spleen/ Spontaneous bleeding.
- xiii) Any comorbid condition:- \_\_\_\_\_
- xiv) Gravida Status in case of Females:- \_\_\_\_\_

**C TRAVEL HISTORY / CONTACT HISTORY**

- 1) History of travel to Malaria Endemic Area in incubation period:- Yes/No
- 2) If yes, details with date of travel to the same area:- \_\_\_\_\_
- 3) H/o contact with a Positive case of Malaria:- \_\_\_\_\_

**D INVESTIGATION DONE**

- 1) Name of the Lab:- \_\_\_\_\_
- 2) Malaria Blood Smear collected on:- \_\_\_\_\_
- 3) Malaria Blood Smear examined on:- \_\_\_\_\_
- 4) If Positive by RDT, Date of Testing with RDT:- \_\_\_\_\_
- 5) Name of technician who examined the blood slide:- \_\_\_\_\_
- 6) Date of Reporting:- \_\_\_\_\_
- 7) Plasmodium Species:- PV/PF/Mixed/Any Other \_\_\_\_\_
- 8) Gametocyte present (For PF Cases):- Yes/No

**E      Patient is                      **INDIGENOUS/ MIGRANT (As per residential address)****

**F      Case classification                      Indigenous/ Imported/ Relapse**

**G      ACTION TAKEN**

**1)      ENTOMOLOGICAL INVESTIGATION**

(i)      Date and time of investigation:- \_\_\_\_\_

(ii)      Investigation done by:- \_\_\_\_\_

(iii)      Any breeding of anopheles found at site:- Yes/No \_\_\_\_\_

(iv)      If yes,

(a)      No.of breeding site:- \_\_\_\_\_

(b)      Type of Anopheles species detected at site:- \_\_\_\_\_

(c)      Type of breeding site:- Cattle Sheds/House Dwelling/Mixed Dwelling:-  
\_\_\_\_\_

(v)      Distance of Breeding site from the case's house:- \_\_\_\_\_

(vi)      Per man hour density of mosquito:-

(No. of Mosquito Collected Male/Female)

Time spent in search per hour

**2)      FEVER SURVEY**

(i)      No. of Houses visited:- \_\_\_\_\_

(ii)      No. of Fever cases:- \_\_\_\_\_

(iii)      No. of suspected malaria cases:- \_\_\_\_\_

(iv)      No. of Malaria Blood Slides made:- \_\_\_\_\_

- (v) Breeding of Anopheles found from how many houses:- \_\_\_\_\_
- (vi) Spot Map indicating map of the affected area/village showing house of case, roads, important land marks, ponds, site of breeding:- \_\_\_\_\_

**3) TREATMENT**

- (i) Intensive Phase:- \_\_\_\_\_
- (ii) Radical Phase:- \_\_\_\_\_

**4) IEC ACTIVITY**

- (i) No. of health talks delivered:- \_\_\_\_\_
- (ii) No. of focused Group Discussion held:- \_\_\_\_\_
- (iii) No. of Pamphlets distributed:- \_\_\_\_\_
- (iv) No. of posters distributed:- \_\_\_\_\_

**5) REMEDIAL MEASURES TAKEN**

- (i) Type of Larvicide used:- \_\_\_\_\_
- (ii) No. of Houses sprayed:- \_\_\_\_\_
- (iii) No. of Rooms sprayed:- \_\_\_\_\_

**Name of the District Epidimologist:-**

**Signature of District Epidemiologist with stamp**