

CONGENITAL SYPHILIS INVESTIGATION REPORT

Parish	Date on Notification Form	Date Investigation assigned	Parish Code
INFANT INFORMATION			
Infant's Name Last: _____ First: _____		Age _____	Date of Birth _____ Gender M F
Name of Mother Last: _____ First: _____		Infant's Docket # _____	Health Centre / Hospital name _____
Telephone Number _____	Mother's Age _____	Home Address _____	
Mother's Docket Number _____	Site of Delivery (Hosp/RMC/Home) _____		
CLINICAL DATA			
SYMPTOMS	Y N	SYMPTOMS	Y N
Generalized lymphadenopathy		Mucous patches	
Vesiculo-bullous rash		Other rashes	
Pneumonitis		Snuffles	
Neurological symptoms		Jaundice	
Was the birth premature?	Was this a stillbirth?		Mother's VDRL Test (Result and Date)
MOTHER'S INFORMATION			
# Children alive _____	# Stillbirths _____	# Miscarriages _____	# Lifetime sex partners _____ Interview Record # _____
ANC (<i>this pregnancy</i>) PRIVATE [] PUBLIC [] # VISITS		VDRL / TRUST Test (Last pregnancy): [Y] [N] Result:..... Treatment [Y] [N]	
VDRL / TRUST Test (This pregnancy): [Y] [N] Result:..... Treatment [Y] [N]		Date of doses of BPG: 1. / / 2. / / 3. / /	
MOTHER'S CONTACTS			
DISPOSITION	RESULTS	TYPE OF TREATMENT	DATE(S) OF TREATMENT
Baby's Father			
Other			
INVESTIGATION DATA			Treatment Given To Infant (With Dates)
TEST	DATE	RESULT	
VDRL/TRUST - Mother			
VDRL/TRUST - Infant			
MHA-Tp/TPPA - Infant			
CSF - VDRL			
Bone Xrays			DISPOSITION
Other			
COMMENTS			
FINAL CLASSIFICATION		Signature:	Date:
CONFIRMED CASE		MO(H) Signature:	
DISCARDED CASE			