

PAEDIATRIC HIV INVESTIGATION REPORT

Parish	Date on Notification Form	Date Investigation assigned	Parish Code
INFANT INFORMATION			
Child's Name Last: First:		Age	Date of Birth
			Gender M F
Name of Mother Last: First:		Child'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 / SIGNS	Y	N	Immediate Post-Partum ARV Treatment (<i>Drug(s), dosage and duration</i>)
Pneumonia			
Failure to thrive			
Recurrent bouts of diarrhoea			
Generalized lymphadenopathy			
Multiple or recurrent bacterial infections			
Opportunistic infections			
Neurological dysfunction			
MOTHER'S INFORMATION			
# Children alive	# Stillbirths	# Miscarriages	# Lifetime sex partners
ANC (<i>this pregnancy</i>) PRIVATE [] PUBLIC [] # VISITS	Date, Type And Result Of Mother's HIV Test Status Of Mother		Treatment During Pregnancy (<i>Drug(s), Dosage and duration</i>)
FATHER'S INFORMATION			
Name Last: First:		AGE	Telephone Number
Address		# Lifetime sex partners	
Date, Type And Result Of Father's HIV Test		Status Of Father	
CHILD'S LABORATORY DATA			FINAL CLASSIFICATION
TEST	DATE	RESULT	RESULTS PENDING []
HIV			CONFIRMED CASE []
PCR (6 weeks)			DISCARDED CASE []
PCR (3 months)			
HIV ELISA (18 months)			
COMMENTS			
Signature:	Date:	MO(H) Signature:	

Revised 01 May 2009

Send all reports to: S.M.O, Surveillance Unit
2 King Street, Kingston
Ministry of Health,
Telephone: 967-1100