



## Mumps Patient Information Form

Name of Person Completing Form \_\_\_\_\_  
Date Completed \_\_\_\_\_

Patient Name (Last, First):		DOB: __/__/----	Phone:		
Address:		City:	Parish:	State:	Zip Code:
Ethnicity: <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown		Race: <input type="checkbox"/> N = Native American/Alaskan Native <input type="checkbox"/> A = Asian/Pacific Islander <input type="checkbox"/> B = African American <input type="checkbox"/> W = White <input type="checkbox"/> O = Other <input type="checkbox"/> U = Unknown		Sex: <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown	
Name of Reporting Facility:			Facility Phone:		
Specimen Collection Date: __/__/----	Specimen Collected: <input type="checkbox"/> B = Buccal Swab <input type="checkbox"/> S = Serum <input type="checkbox"/> O = Other <input type="checkbox"/> N = No Specimen Collected		If Other Specimen, Please Specify:		
Onset of Symptoms __/__/----	Onset of Swelling __/__/----	Specify Symptoms (circle and/or write in) Parotid swelling Other gland swelling Fever Headache Muscle ache Loss of appetite Tiredness Other:			
High risk group/exposure? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	If yes, explain:				

### Timeline for testing

<3 days from swelling onset: PCR

3-8 days from swelling onset: PCR and serology

>8 days from swelling onset: serology

*\*Any blood collected for serology must be sent to CDC.*