MALARIA						
Case details				NDD no.		
Surname		Given name		Sex	M F	
DOB		Age	yrs/mth			
Address	ii	3 -	,			
Suburb		Postcode		Telephone		
Other contact				Telephone		
Occupation/scho				Telephone		
Indigenous	☐ Aboriginal origin	COB	Australia	Language	English	
maigeneds	☐ Torres Strait	OOD	Other: specify	Language	Other: specify	
	Islander Origin		,		,	
	☐ Both Aboriginal & Torres Strait					
	Islander Origin					
	☐ Non-Indigenous					
Disease	☐ Not Stated					
Symptomatic	ΥN	Onset date	1 1			
Symptomatic	I IN	Onset date	//			
Notes						
ivoles						
Definition	Probable	☐ Confirmed				
Laboratory						
Lab confirmed	Y N	Specimen		Specimen date	//	
Parasite		ID method	smear			
species						
			other			
Notification						
First notifier		Telephone		Fax		
Notifier type	Lab Doctor	Notified date	//	Received date	//	
No. in order of receipt	Hospital (not lab)					
Treating doctor	Other	Telephone		Postcode		
Address		. 0.00110110		Fax		
/ Waless				IUA		
Outcome						
Outcome	YN	Admitted date	/ /	Discharge data	1 1	
Hospitalised	I IN	Aumilieu dale	//	Discharge date MRN	//	
Hospital/s		Talanhara				
Hosp doctor		Telephone		Address		
Deceased	Y N	Death date	//	Cause of death	Y N U	

	NDD No		
Risk factors			
Infection timeline	onset		
	Incubation		
Dates	/		
Exposures	<u> </u>		
Travel outside Australia	Y N U	If no travel outside Australia please	
in incubation period?		use the 'Travel History' table to document detailed locations of travel within Australia.	
		If travel outside of Australia, please use the 'Travel History' table to document countries and regions of travel.	
Travel History			
Countries visited	Regions within countries visited	Travel Dates	
Pre-Exposure Prophylaxis		L	
Were antimalarials taken during Y N U Please list antimalarials taken:			
the exposure period and for an			
appropriate time before and	· · · · · · · · · · · · · · · · · · ·		
after exposure?	<u></u>		
N			
Notes			
Administration			
Completed by	Date finalised/_/_ PHU		