

Community Base Surveillance: Individual Reporting Form

Community member name:

Consultation Date:

Client came to me for consultatio

Village:

Own? Y N

I observed the symptomatic event:

District:

Chiefdom:

CAHW ID:

| Animal | Symptoms | Cases | | | | | | | Symptoms | Cases | | | | | | |
|----------------------------------------|--------------------------------|-------|---|---|---|---|---|-------------------------|-------------------------|-------|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cow | Nasal discharge | | | | | | | | Convulsions | | | | | | | |
| | Eye discharge | | | | | | | | Anorexia (very thin) | | | | | | | |
| | Oral lesions/ulcers | | | | | | | | (High) Fever | | | | | | | |
| | Feet lesions/ulcers | | | | | | | | Salivation | | | | | | | |
| | Udder lesions/ulcers | | | | | | | | Diarrhoea | | | | | | | |
| | Lameness of one leg | | | | | | | | Abnormal lumps | | | | | | | |
| | Swollen tongue/throat | | | | | | | | Loss of appetite | | | | | | | |
| | Dead with leg not stiff | | | | | | | | Rapid respiration | | | | | | | |
| | Bleeding from natural openings | | | | | | | | Cough | | | | | | | |
| | Abortion after 4th month | | | | | | | | Mortality (death) | | | | | | | |
| Change in milk colour | | | | | | | | Reduced milk production | | | | | | | | |
| Small Ruminants - Sheep - Goats | Nasal discharge | | | | | | | | Milk stained with blood | | | | | | | |
| | Oral discharge | | | | | | | | Dead with leg not stiff | | | | | | | |
| | Eye discharge | | | | | | | | Convulsions | | | | | | | |
| | Oral lesions/ulcers | | | | | | | | Swollen joint | | | | | | | |
| | Feet lesions/ulcers | | | | | | | | (High) Fever | | | | | | | |

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|-----------------------------------|--------------------------------|--|--|--|--|--|--|--------------------------|-------------------------|--|--|--|--|--|--|--|--|
| | Udder lesions/ulcers | | | | | | | | Salivation | | | | | | | | |
| | Anorexia (very thin) | | | | | | | | Diarrhoea | | | | | | | | |
| | Lameness of one leg | | | | | | | | Abnormal lumps | | | | | | | | |
| | Swollen tongue/throat | | | | | | | | Loss of appetite | | | | | | | | |
| | Bleeding from natural openings | | | | | | | | Cough | | | | | | | | |
| | Abortion after 4th month | | | | | | | | Mortality (death) | | | | | | | | |
| | Change in milk colour | | | | | | | | Reduced milk production | | | | | | | | |
| Birds -Chicken -Duck -Fowl | Weakness | | | | | | | | Milk stained with blood | | | | | | | | |
| | Loss of appetite | | | | | | | | Oral discharge | | | | | | | | |
| | Ruffled feathers | | | | | | | | Twisted head and neck | | | | | | | | |
| | Loss of balance/paralysis | | | | | | | | Dead with leg not stiff | | | | | | | | |
| | (Green) Diarrhoea | | | | | | | | Convulsions | | | | | | | | |
| | Bleeding from natural openings | | | | | | | | Anorexia (very thin) | | | | | | | | |
| | Nasal discharge | | | | | | | | Abnormal lumps | | | | | | | | |
| Dog | Behaviour disorder | | | | | | | | Mortality (death) | | | | | | | | |
| | Abundant salivation | | | | | | | | Loss of appetite | | | | | | | | |
| | Progressive paralysis | | | | | | | | Dead with leg not stiff | | | | | | | | |
| | Bleeding from natural openings | | | | | | | | Anorexia (very thin) | | | | | | | | |
| Pig | (High) Fever | | | | | | | | Convulsions | | | | | | | | |
| | Loss of appetite | | | | | | | | Dead with leg not stiff | | | | | | | | |
| | Swollen tongue/throat | | | | | | | | Convulsions | | | | | | | | |
| | Diarrhoea | | | | | | | | Udder lesions/ulcers | | | | | | | | |
| | Oral discharge | | | | | | | | Swollen joints | | | | | | | | |
| | Nasal discharge | | | | | | | | Anorexia (very thin) | | | | | | | | |
| | Oral lesions/ulcers | | | | | | | | Abnormal lumps | | | | | | | | |
| | Feet lesions/ulcers | | | | | | | | Mortality (death) | | | | | | | | |
| Bleeding from natural openings | | | | | | | | Abortion after 4th month | | | | | | | | | |
| Other Events | wildlife | | | | | | | | Red skin | | | | | | | | |

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| | Domestic | | | | | | | | | | | | | | | | | | | |
|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Date Of Report Submission:

Name Of Animal Supervisor:

Form #: