

## Health Tracking-Infection Tracking

### Section 1 - General Information

Individual Name:\* \_\_\_\_\_  
Program Name:\* \_\_\_\_\_  
Entered By: \_\_\_\_\_  
Reported By:\* \_\_\_\_\_

Entry Date & Time: \_\_\_\_\_  
Time zone: \_\_\_\_\_  
Date:\* \_\_\_\_\_  
Notification Level:  Low  Medium  High

### Section 2 - Infection Tracking Information

#### Infection Type (ICD-10)

Code:\* \_\_\_\_\_ Description:\* \_\_\_\_\_

#### Infection Type

Body Parts:\* \_\_\_\_\_

#### Medication History

Name: _____	Dose: _____
Measurement Unit: _____	Frequency: _____
Route: _____	Date Onset: _____
Date of Resolution: _____	Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	
_____	
_____	
_____	
_____	
_____	

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (\*)