



# Influenza Fatality Case Supplemental Form



**To be used in conjunction with the Influenza Fatality Case Report Form**

Patient Name-Last	First	Middle Initial	Date of Birth	VCMR ID
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**OTHER MEDICAL CONDITIONS**

Check all that apply.

Cardiac

- Cardiomyopathy
- Cardiovascular disease
- Congenital cardiac conditions
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Hypertension (HTN)
- Valve Disease

Metabolic Disorders

- Acute renal disease
- Diabetes
- End stage renal disease
- Gastroesophageal reflux disease (GERD)
- Hypothyroidism
- Liver disease
- Renal disorder

Immunosuppression

- Cancer (receive treatment in past 12 months only)  
Specify type of cancer. \_\_\_\_\_
- Chronic steroid use
- HIV/AIDS
- Immunosuppressant medication use  
(transplant, rheumatoid arthritis, lupus, etc.)  
Reason for use \_\_\_\_\_

Acquired Neurologic Disorder

- Multiple sclerosis (MS)
- Parkinson's
- Seizure disorder  
 Child onset    Adult onset
- Stroke
- Spinal cord injury (SCI)
- Traumatic brain injury (TBI)

Chronic Pulmonary Disease

- Asthma (RAD)
- Bronchopulmonary dysplasia (BDP)
- Chronic obstructive pulmonary disease (COPD)
- Chronic lung disease (CLD)
- Cystic fibrosis
- Emphysema
- Lung cancer
- Recurrent aspiration

Developmentally Delayed/Genetic Disorder (Birth)

- Autism
- Cerebral palsy
- Developmentally delayed
- Down's syndrome
- Genetic disorder (specify) \_\_\_\_\_
- Mental retardation
- Muscular dystrophy
- Premature → Gestational age at birth \_\_\_\_\_ wks
- X-premature → Gestational age at birth \_\_\_\_\_ wks

Mental/Psychiatric Disorder

- Bipolar disorder
- Depression
- Schizophrenia

Other

- G-Tube
- Tobacco use  
 Current smoker    Past smoker (<15 yrs ago)
- Tracheostomy
- Ventilator dependent
- Other (specify) \_\_\_\_\_

**REMARKS**