### Mumps Surveillance Worksheet

**Name (Last, First)**

**Address (Street and Number)**

**City**

**County**

**State**

**Zip Code**

**Hospital Record Number**

**Reporting Physician/Nurse/Hospital/Clinic/Lab**

**Address**

**Phone**

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**Event Date**

**Birth Date**

**County**

**State**

**Zip Code**

**Reporting Physician/Nurse/Hospital/Clinic/Lab Address**

**Phone**

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**Event Type**

**Import Status**

**Report Status**

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**Parotitis (opposite 2nd molars)?**

**Jaw Pain?**

**Salivary Gland Swelling (including parotitis)**

**Onset**

**Duration**

**Submandibular?**

**Sublingual?**

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**Was Laboratory Testing Done for Mumps?**

**Date Serologic (IgG) Specimens Taken**

**IgG (acute)**

**Test Used**

**Units Reported**

**IgG (convalescent)**

**Test Used**

**Units Reported**

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**Single IgG Specimen Only**

**Test Used**

**Units Reported**

**Date Serologic (IgM) Specimens Taken**

**IgM (1)**

**IgM (2)**

**Other Lab Results**

**PCR**

**Culture**

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**Meningitis?**

**Deafness?**

**Orchitis?**

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**Hospitalized?**

**Days Hospitalized**

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**Date First Reported to a Health Department**

**Date Case Investigation Started**

**Outbreak Related?**

**Transmission Setting (Where did this person acquire mumps)?**

**If Other, Specify Transmission Setting**

**Were Age and Setting Verified? (Is age appropriate for setting?)**

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**Source of Exposure for Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)**

**Epi-linked to Another Confirmed or Probable Case?**

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<table>
<thead>
<tr>
<th>Vaccination Date</th>
<th>Vaccine Type</th>
<th>Manufacturer</th>
<th>Lot Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Vaccine Type Codes</th>
<th>Vaccine Manufacturer Codes</th>
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</thead>
<tbody>
<tr>
<td>A = MMR</td>
<td>M = Merck</td>
</tr>
<tr>
<td>B = Mumps</td>
<td>O = Other</td>
</tr>
<tr>
<td>O = Other</td>
<td>U = Unknown</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Doses Received After 1st Birthday</th>
<th>If Not Vaccinated, What Was the Reason?</th>
</tr>
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<tbody>
<tr>
<td>9 = Unknown</td>
<td>1 = Religious Exemption</td>
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<tr>
<td></td>
<td>2 = Medical Contraindication</td>
</tr>
<tr>
<td></td>
<td>3 = Philosophical Objection</td>
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<tr>
<td></td>
<td>4 = Lab. Evidence of Previous Disease</td>
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<td></td>
<td>5 = MD Diagnosis of Previous Disease</td>
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<tr>
<td></td>
<td>6 = Under Age for Vaccination</td>
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<tr>
<td></td>
<td>7 = Parental Refusal</td>
</tr>
<tr>
<td></td>
<td>8 = Other</td>
</tr>
<tr>
<td></td>
<td>9 = Unknown</td>
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</tbody>
</table>

Notes/Other information