



Phone: (410) 767-6700 Fax: (410) 333-5893

Revised May 2025

Pt. Name: _____

NEDSS Pt. ID: _____

LABORATORY DATA: Was laboratory testing done? ☐ Yes ☐ No ☐ Unknown

LABORATORY: MDPHL Other: _____ Phone: _____

Ordering Provider: _____

☐ PCR: Specimen: _____ Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____

☐ Culture: Specimen: _____ Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____

☐ IgM: _____ Date specimen collected: ____/____/____ Result: _____ Lab Report Date: ____/____/____

☐ IgG: _____ Date of acute specimen: ____/____/____ Result: _____ Lab Report Date: ____/____/____

_____ Date convalescent specimen: ____/____/____ Result: _____ Lab Report Date: ____/____/____

VAVACCINATION HISTORY:

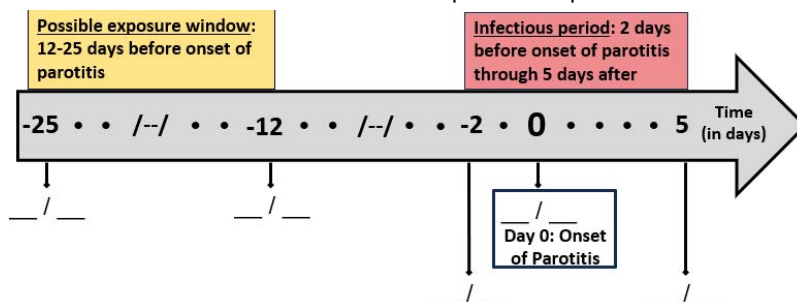
VACCINATED: ☐ Yes ☐ No ☐ Unknown

If yes, list dates: ☐ 1st MMR: ____/____/____ ☐ 2nd MMR: ____/____/____

If yes, list documentation provided (check all that apply): Medical record ImmuNet (ID: _____) Other: _____

INFECTION TIMELINE:

Enter onset of parotitis. Count backwards and forwards to enter dates for probable exposure and communicable periods.



SOURCE OF INFECTION: ☐ No exposure identified ☐ Contact with a known or suspected case: NEDSS Pt ID: _____

Where did this case acquire mumps (if known)?: _____

Has any travel occurred within the exposure period? ☐ Yes ☐ No ☐ Unknown If yes, list location: _____

Is case part of an outbreak? ☐ Yes ☐ No ☐ Unknown If yes, list outbreak number: _____

HOUSEHOLD OR OTHER CLOSE CONTACTS

Name	Relationship	Age	Symptoms Present?	Mumps Vaccine History
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
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_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
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_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
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_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown
_____	_____	_____	<input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown

Pt. Name: _____

NEDSS Pt. ID: _____

COMMENTS: