



## Suspect Mumps Report Form

Please complete the following information for suspect cases of mumps. Return by fax to the ACD Nurse at Public Health – Madison & Dane County at 266-4858.

**Suspect case of mumps:** A clinical syndrome or illness consistent or compatible with mumps and without other apparent cause such as: 1) parotitis or swelling of other salivary glands, 2) non-specific symptoms such as myalgia, anorexia, malaise, headache, low-grade fever or respiratory symptoms in an individual with known contact to another person with mumps,

**All individuals tested for mumps should be immediately treated and isolated for 5 days after the onset of parotitis or other symptoms if parotitis is not present. Date of onset is day 0.**

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Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient name: \_\_\_\_\_  
(Last name) (First name)

DOB: \_\_\_\_\_

Patient gender:      Male      Female

Patient Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date tested: \_\_\_\_\_

Test ordered:    PCR    Serology

Patient isolation ordered?    Yes    No

Provider name: \_\_\_\_\_

Parent name (if patient <18 years of age): \_\_\_\_\_

Parent work phone: \_\_\_\_\_