World Health Organization

DISCHARGE FORM

I. CASE IDENTIFICATION/ DEMOGRAPHIC DETAILS

Patient Name: ______________________	ETU Number: ______________________	
EPI ID:		

II. DISCHARGE DETAILS

Date of Discharge/transfer from health facility/death (dd/mm/yyyy): ____ /_______/_________

Final Diagnosis: ☐ Ebola virus disease ☐ Other (specify)

Outcome at discharge

☐ Full recovery withOUT sequelae at time of discharge

☐ Full recovery WITH sequelae If yes, specify: ☐ hearing loss ☐ if pregnant, spontaneous abortion ☐ ocular complications ☐ extreme fatigue ☐ arthralgia ☐ neurologic complications, specify _______. ☐other: __________________

☐ Dead

☐ Referred to another facility. If yes, which facility: __________________________

☐ Left against medical advice

☐ Survivor counselling provided.

Form completed by: __________________________________