

Appendix 1

**REPORT SYMPTOMS OR CLEARLY RECOGNIZABLE DISEASES
MINISTRY OF HEALTH, JAMAICA**

Name of Health Facility or Shelter: _____ Date: _____

Location: _____

AGE (Years)	CASES			(Deaths) CASES		
	0-4	5-15	15 & +	0-4	5-15	15 & +
Fever (No diarrhoea/cough)						
Fever with Cough (cold)						
Gastroenteritis*						
Conjunctivitis						
Measles						
Fever with Rash						
Skin Rash						
Wheezing or SOB						
Burns						
Trauma						
Other (Specify):						
Malnutrition						

1. Daily Total						
2. Total patients seen per day						

COMMENTS: _____

N.B. Gastroenteritis is the presence of three or more watery stools/day.

Appendix 2

HEALTH AND NUTRITIONAL SURVEILLANCE - MINISTRY OF HEALTH, JAMAICA			
(HURRICANE GILBERT)			
Name of Facility _____		Date _____	
Location _____			
No. of persons by age group: 0-4, 5-15, 16+			
<i>Water Supply</i>	Quality	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
	Quantity -Water Purification (boil; purification tablets)	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<i>Food Supply</i>		Available	Needed
	Cereals & other starches	<input type="checkbox"/>	<input type="checkbox"/>
	High protein	<input type="checkbox"/>	<input type="checkbox"/>
	Fats and Oils	<input type="checkbox"/>	<input type="checkbox"/>
	Sugar	<input type="checkbox"/>	<input type="checkbox"/>
	Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
<i>Vectors</i>		Present	Absent
	Flies	<input type="checkbox"/>	<input type="checkbox"/>
	Roaches	<input type="checkbox"/>	<input type="checkbox"/>
	Mosquitoes	<input type="checkbox"/>	<input type="checkbox"/>
Remedial action recommended:			

<i>Sanitation</i>	Garbage Disposal	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done
	Sanitary Convenience (Type)	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present
		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Remarks: _____			

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