

Final Classification by Provincial Expert Review Committee			
EPID NO: PAK / / / /		Date of examination of case by ERC:	
		Day	Month
		Year	
Patient's Name:		Father's Name:	
Address:			
District:		Province:	
Final classification of case?		Confirmed	
Tick (✓) one only		Compatible	
		Discarded*	
Based on what criteria? Tick (✓) all that apply (leave others blank)	Wild poliovirus		
	No wild poliovirus from adequate stool		
	Inadequate stool specimens		
	No stool specimen		
	Residual weakness after 60 days		
	No residual weakness after 60 days		
	Died after polio-compatible illness		
	Lost to follow-up & polio compatible illness		
	Polio cases in the area		
	Suggestive history of polio		
If any other, please specify			
* If classified as "discarded", specify final diagnosis			
Additional Comments:(Kindly also give results of contact samples, if done)			
<u>Name of Member ERC</u>	<u>Designation</u>	<u>Signatures</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<u>Name of Chairperson ERC</u>	_____	_____	
_____	_____	_____	

Please retain a copy of this form for record at Provincial EPI Office and send a copy to EDO Health of the concerned district

Revised on 24/11/2006