

Screening log number -MRN **3.1 OBSERVATIONS****3.1.1 Temperature (°C)** (maximum in this calendar day)

3.1.1.1 Day 1	3.1.1.2 Day 2	3.1.1.3 Day 3	3.1.1.4 Day 4	3.1.1.5 Day 5	3.1.1.6 Day 6	3.1.1.7 Day 7
___/___/201__						___/___/201__
<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

3.2 BLOOD TESTS

	Blood Test	Day 2 (+/- 1 day)	Day 5 (+/- 1 day)	Day 7 (+/- 1 day)
3.2.1	Total WBC (x10 ⁹ /L)	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured
3.2.2	Neutrophils (x10 ⁹ /L)	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured
3.2.3	Lymphocytes (x10 ⁹ /L)	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured
3.2.4	Eosinophils (x10 ⁹ /L)	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured
3.2.5	ALT (IU/L)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured
3.2.6	Bilirubin (μmol/L)	<input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured
3.2.7	Creatinine (μmol/L)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured
3.2.8	C- REACTIVE PROTEIN (mg/L)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> or <input type="checkbox"/> Not measured
3.2.9	Creatine Kinase (only needed if on daptomycin)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Not measured

Screening log number -MRN **3.3 BLOOD CULTURES**

	Day	Index BC	Not Taken	No MRSA	Grew MRSA	Lab #
3.3.1	Three days prior to randomisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.2	Two days prior to randomisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.3	One day prior to randomisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.4	Day 1 (day of randomisation)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.5	Day 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.6	Day 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.7	Day 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.8	Day 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.9	Day 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
3.3.10	Day 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#

3.4 VANCOMYCIN DAYS 1-7 OR ☐ Not on vancomycin (*skip to 3.5*)**VANCOMYCIN INTERMITTENT ADMINISTRATION** (*If continuous infusion used, give dose under "Dose 1" for that day*)

	DOSE 1	DOSE 2	DOSE 3	DOSE 4
3.4.2 DAY 1 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.3 DAY 2 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.4 DAY 3 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.5 DAY 4 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.6 DAY 5 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.7 DAY 6 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.4.7 DAY 7 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given

Screening log number -MRN **3.5 DAPTOMYCIN DOSES DAYS 1-7** OR ☐ Not on Daptomycin (*skip to 3.6*)

	Study Day	Not Given	Dose (mg)
3.5.1	DAY 1	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.2	DAY 2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.3	DAY 3	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.4	DAY 4	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.5	DAY 5	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.6	DAY 6	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg
3.5.7	DAY 7	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg

3.6 (FLU)CLOXACILLIN DOSES DAYS 1-7 OR ☐ Not receiving (Flu)cloxacillin (*skip to 3.7*)☐ Flucloxacillin or ☐ Cloxicillin

Do not include pre-randomisation doses; these are recorded in 2.5.4. If randomised to standard arm and receives flu(cloxacillin) post randomisation, record in 3.9 not here.

	DOSE 1	DOSE 2	DOSE 3	DOSE 4
3.6.1 DAY 1 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.2 DAY 2 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.3 DAY 3 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.4 DAY 4 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.5 DAY 5 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.6 DAY 6 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.6.7 DAY 7 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given

Screening log number -MRN **3.7 CEPHAZOLIN DOSES DAYS 1-7** OR ☐ Not on Cephazolin (skip to 3.8)

Do not include pre-randomisation doses; these are recorded in 2.5.4. If randomised to standard arm and receives Cephazolin post randomisation, record in 3.9 not here.

	DOSE 1	DOSE 2	DOSE 3
3.7.1 DAY 1 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.2 DAY 2 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.3 DAY 3 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.4 DAY 4 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.5 DAY 5 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.6 DAY 6 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given
3.7.7 DAY 7 <input type="checkbox"/> None Given or <input type="checkbox"/> Continuous infusion	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g)	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> (g) Or <input type="checkbox"/> Not given

3.8 TROUGH VANCOMYCIN LEVELS DAY 1-7 OR ☐ Not on Vancomycin (skip to 3.9)

Define as ≤2 hours before a dose

	STUDY DAY	LEVELS (units) or NO TROUGH LEVEL TAKEN
3.8.1	DAY 1	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.2	DAY 2	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.3	DAY 3	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.4	DAY 4	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.5	DAY 5	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.6	DAY 6	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken
3.8.7	DAY 7	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Or <input type="checkbox"/> No trough level taken

Screening log number -MRN **3.9 NON-STUDY ANTIBIOTICS GIVEN DAYS 1-7**

Only record non-study antibiotics administered post randomisation. Record any pre-randomisation antibiotics in 2.5.4. Flu(cloxacillin) or Cephazolin are "non-study" if given post randomisation AND patient is in the standard arm.

3.9.1 Any non-study antibiotics givenY ☐ N ☐

If No, skip to 3.10

	Number from table 1 (below)	Start day (day 1-7)	Stop day (day 1-7)	Ongoing at day 7 (tick)
3.9.2				<input type="checkbox"/>
3.9.3				<input type="checkbox"/>
3.9.4				<input type="checkbox"/>
3.9.5				<input type="checkbox"/>
3.9.6				<input type="checkbox"/>
3.9.7				<input type="checkbox"/>

Table 1

1. Amoxycillin	10. Cefotaxime	19. Daptomycin	28. Lincomycin	37. Rifampicin
2. Augmentin	11. Cephalexin	20. Dicloxacillin	29. Linezolid	38. Roxithromycin
3. Azithromycin	12. Cephalothin	21. Doxycycline	30. Meropenem	39. Teicoplanin
4. Cefaclor	13. Cephazolin	22. Ertapenem	31. Metronidazole	40. Tigecycline
5. Cefepime	14. Ciprofloxacin	23. Erythromycin	32. Moxifloxacin	41. Timentim
6. Ceftaroline	15. Clarithromycin	24. Flucloxacillin	33. Nitrofurantoin	42. Vancomycin
7. Ceftazidime	16. Clindamycin	25. Fusidic acid	34. Norfloxacin	43. Other:
8. Ceftriaxone	17. Cloxacillin	26. Gentamicin	35. Penicillin	_____
9. Cefuroxime	18. Cotrimoxazole	27. Imipenem	36. Pip/tazo	

3.10 NEPHROTOXINS DAYS 1-7**3.10.1** Has the patient received any of the following nephrotoxins on Days 1 to 7?

(Tick all that apply)

No, None of these nephrotoxins have been received on any of days 1-7 ☐ (go to 3.11)Radiocontrast dye ☐ Amphotericin B ☐ Loop diuretics ☐ ACE inhibitors ☐ or A2 receptor blockers ☐Non-Steroidal Antiinflammatories ☐ Aminoglycosides ☐ Calcineurin inhibitors ☐**3.11 CULTURES APART FROM BLOOD DAYS 1-7****3.11.1** Were there any other cultures (apart from blood) taken on Days 1 to 7 which grew MRSA?Y ☐ N ☐

If No, go to Q3.12

Table 1: Use this table to identify site number

Site No	Site of Infection culture was taken from
1	Superficial skin or soft tissue (swab from ulcer, abscess, wound)
2	Deep skin or soft tissue including muscle (myositis, necrotising fasciitis)
3	Respiratory – superficial (sputum)
4	Respiratory – deep (bronchoscopy, tracheal aspirate)
5	Visceral abscess
6	Bone / joint (bone biopsy, joint aspirate)
7	CNS (CSF, brain biopsy)
8	Other normally sterile fluid (peritoneal fluid, pleural fluid)
9	Line tip (peripheral IV, CVC, PICC etc)
10	Prosthetic material (joint specimen, cardiac valve, cardiac device)
11	Urine (MSU, catheter specimen)
12	Other: Specify _____

CAMERA2Combination Antibiotic treatment for **ME**thicillin
Resistant **Staphylococcus Aureus****CRF 3 – DAILY DATA FORM****DAYS 1 TO 7**

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Site No (Use table 1)	Date of Culture	Tick if no further cultures
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Site # _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /20 <input type="text"/> <input type="text"/>	<input type="checkbox"/>

3.12 Was formal Infectious Disease Advice provided on days 1-7?

☐ No ☐ Yes, phone only ☐ Yes, formal ID consult (i.e. the ID registrar or consultant has seen the patient and written in the notes)
3.13 COMMENTS/NARRATIVE OF PROGRESS DAYS 1-7

Name of person filling in form (block letters)

Signature

Please enter into database & store securelyDate form filled out //