

Annex F: Alert Reporting Form

Rumour Log	
[Send this form immediately to your supervisor or nearby health facility]	
1	Name of Community Informants/Agents focal person reporting: _____
2	Telephone number: _____ Community: _____ LGA _____
3	Reporting date(day, month, year): ____/____/____
4	Type of illness/Condition/Event/Alert (please describe): _____
5	Source of information: Observed/Print & Media/Social Media(Facebook/Twitter/Whatsapp), others Specify
6	When did this happen (Date: Day/Month/Year); Time
7	Date/time this was detected (Format: Day/ Month/Year): _____ Time: _____
8	Where did this happen? (Location: community, ward/LGA, LGA)
9	How many people have been affected?
10	Has anyone died? If yes, how many
11	Are there sick or dead animals involved?
12	Is the event ongoing as at the time of this report?
13	If yes, is it increasing or decreasing or static
14	What action has been taken?
15	Has this been verified by health facility / LGA DSNO