

**Congenital CMV infection study*****Please fill this form using upper case writing***

Patient number:

**One year follow-up of child with congenital CMV**

--	--	--	--	--

Is the child alive?  Yes  No  Lost to follow-upIf yes, is the child symptomatic?  Yes  NoWas the child treated with antivirals?  Yes  No  UnknownIf yes, for how long? 

--	--	--

 weeksDid the child have regular ophthalmological check-ups?  Yes  No  UnknownIf yes: are they normal?  Yes  No  Unknown

If no: finding

--

Did the child have regular ear check-ups?  Yes  No  UnknownIf yes: are they normal?  Yes  No  Unknown

If no: finding

--

Did the child have an imaging study during the 1st year of life?  Yes  No  UnknownIf yes: was it normal?  Yes  No  Unknown MRI  CT-scan  Other

Date imaging:

			.				.				
--	--	--	---	--	--	--	---	--	--	--	--

If abnormal:  
finding

--

Did the child have regular developmental check-ups?  Yes  No  UnknownIf yes: was it normal?  Yes  No  Unknown

If no: finding

--

Other information

--

Reporting physician's stamp

--

