

# Basic Case Investigation Form

Version 3.2, March 2012

This form is designed to capture all of the profile and basic data for all Merlin cases

**\*Blue fields** are REQUIRED

Disease: \_\_\_\_\_

Date CHD reported to BOE: \_\_\_\_\_

Merlin case #: \_\_\_\_\_

Date CRF submitted: \_\_\_\_\_

## I. PROFILE DETAIL

SSN: \_\_\_\_\_

\*Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle: \_\_\_\_\_

Parent name: \_\_\_\_\_

\*Gender:  Male  
 Female  
 Unk

\*Birth date: \_\_\_\_\_ Death date: \_\_\_\_\_

\*Race:  American Indian/Alaska Native  
 Asian/Pacific Islander  
 Black  
 White  
 Other  
 Unk

\*Ethnicity:  Hispanic  
 Non-Hispanic  
 Unk

Address: \_\_\_\_\_

\*Zip: \_\_\_\_\_ \*County: \_\_\_\_\_

City: \_\_\_\_\_ \*State: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Emer. phone: \_\_\_\_\_

Profile specific notes:

## II. CASE INFORMATION

Investigator: \_\_\_\_\_

CHD ref #: \_\_\_\_\_

Animal exposure:

\*Imported:  Acquired in FL  
 Acquired In US, not in FL  
 Acquired outside US  
 Unk

Origin: \_\_\_\_\_

\*Outbreak:  Outbreak-associated  
 Sporadic  
 Unk

Outbreak ID: \_\_\_\_\_

\*Case classification:  Primary  
 Secondary  
 Unk

\*1st notified by ELR:  Yes  
 No  
 Unk

Reporter type: \_\_\_\_\_

Military base: \_\_\_\_\_

Reporter's name: \_\_\_\_\_

## III. CLINICAL

\*DX status:  Confirmed  
 Probable  
 Suspect  
 Unk

Case definitions: [http://www.doh.state.fl.us/Disease\\_ctrl/epi/surv/CaseDefinitions.html](http://www.doh.state.fl.us/Disease_ctrl/epi/surv/CaseDefinitions.html)

\*Investigated:  Yes  
 No Date investigated: \_\_\_\_\_

Interviewed:  Yes  
 No Date interviewed: \_\_\_\_\_

Symptomatic at interview:  Yes  
 No  
 Unk

Final known outcome:  Died  
 Ill at time of reporting  
 Recovered  
 Unk

ED visit:  Yes  
 No  
 Unk

\*Inpatient hospitalization:  Yes  
 No  
 Unk Date admitted: \_\_\_\_\_  
Date discharged: \_\_\_\_\_

Prophylaxed:  Yes  
 No  
 Unk  
 N/A

Date onset: \_\_\_\_\_ Date diagnosis: \_\_\_\_\_

Lab report date: \_\_\_\_\_ \*CHD notified date: \_\_\_\_\_

Clinical notes (treatment, etc.)

## IV. SENSITIVE EMPLOYMENT/ATTENDANCE INFORMATION

\*Day care:  No  
 Attendee  
 Staff  
 Unk

\*Occupation:  No or non-sensitive occupation  
 Healthcare worker  
 Food handler  
 Unk

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Last date attended: \_\_\_\_\_

## V. PROVIDER INFORMATION

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_