

TRICHINOSIS SURVEILLANCE CASE REPORT

Form Approved
OMB NO. 0920-0728
Exp. Date 1/31/2017

PERSONAL DATA

State Reporting: State abbreviation	First four letters of last name: _____	Age: _____	Sex: Male Female	Date of birth: Mo Day Yr
Race/Ethnicity: American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander Unknown Asian Hispanic or Latino White				
County:		Physician's Name:		Physician's Phone:

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: Mo Day Yr		OUTCOME: Recovered Died Unknown		
SIGNS AND SYMPTOMS: Eosinophilia: Yes Not Done No Unknown Specify absolute number or percentage: (#) _____ or (%) _____		Fever: Yes Unknown No Specify temperature: _____	Periorbital edema: Yes Unknown No	Myalgia: Yes Unknown No
MUSCLE BIOPSY: Positive Negative Not Done	SEROLOGIC FINDINGS: Positive Negative Not Done Unknown Test type (specify): _____ Date of test: Mo Day Yr Test results: Positive Negative Unequivocal Unknown Date of test: Mo Day Yr Test results: Positive Negative Unequivocal Unknown			

EPIDEMIOLOGIC DATA

SUSPECT FOOD: Pork (specify type below): Store bought pork Pork from farm-raised pig Wild boar Other (specify): _____ Not specified		Non Pork (specify type below): Bear meat Hamburger (ground meat) Other (specify): _____ Not specified		Unknown	DATE CONSUMED: Mo Day Yr	
WHERE MEAT OBTAINED: Supermarket/grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Other (specify): _____ Unknown		PREPARATION AFTER PURCHASE FURTHER PROCESSING: No further processing Ground (i.e., hamburger) Smoked Dried jerky Marinated Other (specify): _____ Unknown		METHOD OF COOKING: Uncooked Fried Open-fire roasting/BBQ Other cooking method (specify): _____ Unknown		
PATIENT'S OCCUPATION:			RELATED CASES: Yes No Unknown			

COMMENTS AND ADDITIONAL DATA

Investigator name and title:

Date form completed:

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).