**Suspected Outbreak Intake Form**

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| --- | --- |
| **Date Facility Notified CHD:** | **Most Recent Onset Date:** |
| **Facility Name:** |
| **Facility Address:** |
| **Name of Contact: Title:** |
| **Phone: Fax:**  |
| **Email address:**  |
| **Type of Facility:**[ ]  Nursing Home [ ]  Daycare [ ]  School [ ]  Prison [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Entire facility affected** [ ]  **or specify unit/wing/classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Non-Staff** Number ill: Number potentially exposed:  |
| **Staff** Number ill: Number potentially exposed:  |
| **Type of Illness:**[ ]  GI [ ]  Respiratory/ILI [ ]  Rash [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Estimated Duration of Illness** (e.g., 24-48 hours, 1-5 days) |
| **Signs and Symptoms (check all that apply):**

|  |  |  |
| --- | --- | --- |
| [ ]  Abdominal cramps | [ ]  Diarrhea | [ ]  Nausea |
| [ ]  Bloody stools | [ ]  Fatigue | [ ]  Pneumonia |
| [ ]  Body/Muscle aches | [ ]  Fever | [ ]  Runny nose |
| [ ]  Chills | [ ]  Headache | [ ]  Sore throat |
| [ ]  Cough | [ ]  Nasal congestion | [ ]  Vomiting |
| Other (specify): | [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rash description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| **Laboratory Testing:** Laboratory Confirmed Specimens: Yes / No (circle one) Laboratory Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| [ ]  Will drop off specimen collection kits for testing at BPHL |

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| **Case Outcomes (specify number; individual can be counted in more than one category):**

|  |  |
| --- | --- |
| \_\_\_\_\_ Saw Primary Care Provider | \_\_\_\_\_ ED/Urgent Care Visit |
| \_\_\_\_\_ Inpatient Hospitalization | \_\_\_\_\_ Died |
| [ ] Requested line list for demographics and details for further follow up |

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| **Control Measures:**

|  |  |
| --- | --- |
| [ ]  Verbally provided prevention measures specific to syndrome | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Emailed/Faxed prevention measures specific to syndrome | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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