CONFIDENTIAL							Iowa	Department of	of Public Health
	Influenza A	Agenc					FOR STATE USE (Status: Confirm Suspect Reviewer initials:	ed	
Investigator:		Phone number	er:				Referred to another	state:	
CASE									
First and middle					_	_	Estimate		<u>:</u>
	0.5			ender: nant:	∐ Femal		Male Other Other Est. d	lelivery	, ,
			N	larital	Single	•	Married		/ / Separated
	City:		S	tatus:	Divord		ا Parent with ا ian or Alaskan Nativ	ve □	Jnknown
	City:			Race:			an American Pacific Islander	=	White Asian
		/pe:	Eth	nicity:	🗌 Hispar	nic or L	atino 🗌 Not Hisp	oanic or Lating	D Unknown
Long-term care		Pare	ent/Gua r	ardian name:					
		Pare	ent/Gua	ardian				Туре:	
EVENT			·		<u> </u>			<u> </u>	
Diagnosis date:	Onset / / date:				l ast name [.]				
Event outcome:	☐ Survived this illness ☐ ☐ Died unrelated to this illne	Died from this illness	u		First name:				
Outbreak related:		_	Healthcare provider information		ovider title:		RNP IMI O INF		□ PA
Outbreak name: Exposure			ler inf	Fac	cility name:				
setting:			- rovid	Add	ress line 1:				
	Yes No Unk To wh		are p	Add	ress line 2:				
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting		althc		Zip code:			City:	
	Outside USA Unknown		Ĥ		State:			County:	
	State: C	ountry:			Phone :	()	Туре:	
LABORATORY F	INDINGS								
Laboratory:		Accessi	on #:				Collection date:	1	1
	/ /		_						
	Preliminary D Final							Positive	
Organism:	Influenza virus	Sub	type:						
Laboratory:		Accessi	on #:				Collection date:	/	1
	/ /		urce:				Test type:		
Result type:	🗌 Preliminary 🔲 Final							Positive	
Organism:	Influenza virus	Sub	type:						
Laboratory:		Accessi	on #: _				Collection date:	/	1
Date received:	1 1	Specimen so	urce:				Test type:		
Result type:	🗌 Preliminary 🔲 Final	Result	date:	/			Result:	Positive	Negative
Organism:	Influenza virus	Sul	btype:						

Confidential OCCUPATIONS

PATIENT NAME:

Interpret 'occupati	on' very lo	posely an	d consider	every pers	on to have a	at least one 'o	occupation	า'.			
Occupation type:					Job title:						
Worked after symptom onset:	🗌 Yes	🗌 No	Unknov	vn Fa	cility name:						
Date worked from:	/	1									
Date worked to:	/	1									
Removed from duties:	🗌 Yes	🗌 No	Unknov	vn							nty:
Date removed:	/	1			Phone:	()-	-	Type:			
Har Attend or provide c		□ Yes □ Yes	□ No □ No	Unknowr	-	Work in a h	nealth care tient care d	0	🗌 Yes	🗌 No	Unknown
	d school:	☐ Yes ☐ Yes	🗌 No 🛛		า	lab or h	nealth care n care work	setting:	☐ Yes	🗌 No	Unknown
Occupation type:					Job title [.]						
Worked after symptom onset:											
Date worked from:											
Date worked to:											
Removed from											
	_		Unknov	vn						_ Cour	nty:
Date removed: Har			🗌 No			<u>()-</u> Work in a h			□ Yes	ΠNο	
Attend or provide c				Unknowr	า	Direct pat	tient care d	luties in			
Work in a la		☐ Yes					i care work				
HOSPITALIZATION	IS										
Was the case hospi	talized?	Yes 🗌	No 🗌 Unk	known							
Hospital:				lso	lated at entr	/: □ Yes	□No □	Unk	Isolation t	ype (entr	/):
Admission date:	/	1		Di	ischarge date	e: /	/		Days h	ospitalize	d:
Currently isolated:	🗌 Yes	□ No [Unk	Current	isolation type	e:					
CLINICAL INFO & I	DIAGNOSI	IS									
Fev	ver □Y	es ∏ Fe	verish. but te	emp not tak	en 🗌 No [□Unk	Highest I	known fe	ver:	°F/C	
			Yes 🗌 No				Seizure		es □No		
	Sore the		Yes 🗌 No				Headach		es □No		
	Runny n	ose 🗌	Yes 🗌 No	Unk		Shortnes	s of breat	h □Y	es 🗌 No	Unk	
C	Conjunctiv	vitis 🗌	Yes 🗌 No	🛛 🗌 Unk			Vomiting	g 🗌 Y	es 🗌 No	🛛 🗌 Unk	
	Diarr	hea 🗌	Yes 🗌 No	🛛 🗌 Unk							
Other sympto	oms (spec	;ify)									
Other complicati	ons (spec										
Was the patient inte	t admitted nsive care]Yes 🏼 N	No 🗌 Unk							
Did the patient req	uire mecha ventila]Yes □N	No 🗌 Unk							
Did the patient ha	ve a chest	x-ray _Γ	Normal		al 🗌 Test	not performe	d 🗌 Unl	known			
OF CALS	can perfor If abno		Nas there ev	/idence of p	neumonia?	□Yes □	No 🗌 Ur	ık			
			Did	this patient	have acute	□ Yes □	_				
Did the patient hand					f containing	□ Yes □					

onfidential	PATIENT	NANC.							
THER LAB FINDING	GS								
	(white blood	cell count <5,	Leukopenia ,000 leukocytes/mm3)	□Yes □N	lo 🗌 Unk				
(total lymphocy	/tes <800/mm3 /	or lymphocyte	Lymphopenia s <15% of total WBC)	🗌 Yes 🔲 N	No 🗌 Unk				
			Thrombocytpenia	🗌 Yes 🔲 N	lo 🗌 Unk				
ere specimen sent	to the Centers		telets <150,000/mm3) Control and Preventio						
Date sen			becimen type		Lab Specin	nen ID		CDC (lab) unique	ID
REATMENT									
ntivirals prescribed	ŀ□Yes □N		wn						
						Antivir	rol.		
Date started:			Date started:			-			
Discontinued:			Discontinued:			Discontinue	ed:	1 1	
_		_	Dose:	ma		_ Dos		Jma	
Dose:	22.0			mg				_ mg	
Unit:	mg ml #of		Unit:	ml #o		U]ml #of	
Unit:	ml #of		Unit:	IU days	:	Ur # of times] ml # of] IU days:	
Unit:	ml #of		Unit:		:	# of times		IU days:	
Unit: Unit: # of times a	ml # of IU days: Route:		Unit: Unit: # of times a	IU days	:	# of times	s a 🗌	IU days:	
Unit:	ml # of IU days: Route: E		Unit: Unit: # of times a	IU days Route	:	# of times	sa ay:] IU days: Route:	
Unit: # of times a day:	ml # of IU days: Route: E 		Unit:	IU days Route	:	# of times	sa ay:] IU days: Route:	
Unit:	ml # of IU days: Route: E 		Unit:	IU days Route	2	# of times da COMMUNICA Novel influenza A	s a ay: BLE PE	IU days: Route: ERIOD	
Unit:	ml # of IU days: Route: E 		Unit:	IU days Route	2	# of times da COMMUNICA Novel influenza A communicable 24 onset of symptoms	BLE PE A is hours bo s to 7 da	IU days: Route: ERIOD	
Unit:	ml # of IU days: Route: E 		Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel offuenza A is up	IU days Route		# of times da COMMUNICA Novel influenza A communicable 24	BLE PE A is hours b s to 7 da s resolve	IU days: Route: ERIOD	
Unit:	mi # of IU days: Route: E rk-line art of tart and period.		Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel offuenza A is up	IU days Route		# of times da COMMUNICA Sovel influenza A communicable 24 unset of symptoms DR until symptoms	BLE PE BLE PE A is hours bas to 7 da s resolve er.	IU days: Route: ERIOD	
Unit:	mi # of IU days: Route: Route: E Image: Constraint of tart and coeriod. VEL		Unit: # of times a day:	IU days		# of times da COMMUNICA COMMUNICA Sommunicable 24 onset of symptoms DR until symptoms whichever is longer	BLE PE BLE PE A is hours bas to 7 da s resolve er.	IU days: Route: ERIOD	
Unit:	mi # of IU days: Route: Route: E Image: Constraint of tart and coeriod. VEL		Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel offuenza A is up	IU days		# of times da COMMUNICA COMMUNICA Sommunicable 24 onset of symptoms DR until symptoms whichever is longer	BLE PE BLE PE A is hours bas to 7 da s resolve er.	IU days: Route: ERIOD	
Unit:	mi # of IU days: Route: Route: E Image: Comparison of the second s	uenza: 🗌 Ye	Unit: # of times a day: # of times a day: EXPOSURE PERIO The incubation eriod for novel offluenza A is up o 7 days. S No Unknow	IU days	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of until symptoms whichever is longer	BLE PE BLE PE A is hours <i>b</i> s resolve er. Date	IU days: Route: ERIOD Defore the ays after e,	
Unit: # of times a day: IFECTION TIMELINI Inter onset date in dar ix. Enter dates for sta posure period and s d of communicable p ISK FACTORS/TRA accinated with for S Date vaccinated:	mi # of IU days: Route: Route: E Image: Constraint of tart and coeriod. VEL	uenza: 🗌 Ye	Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel of days. S No Unknown Date vaccinated:	IU days	nset	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of whichever is longer whichever is longer	BLE PE BLE PE A is hours bas to 7 da s resolve er. Date nated:	IU days: Route: ERIOD Defore the ays after e,	
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Unit: # of times a day: IFECTION TIMELINI Inter onset date in dar ix. Enter dates for sta posure period and s d of communicable p ISK FACTORS/TRA accinated with for S Date vaccinated:	mi # of IU days: Route: Route: E Image: Comparison of the second s	uenza: 🗌 Ye	Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel of days. S No Unknown Date vaccinated:	IU days	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of symptoms whichever is longer vhichever is longer	BLE PE BLE PE A is hours bas to 7 da s resolve er. Date nated:	IU days: Route: ERIOD Defore the ays after e,	
Unit: # of times a day: IFECTION TIMELINI Inter onset date in dar ix. Enter dates for sta posure period and s d of communicable p ISK FACTORS/TRA accinated with for S Date vaccinated: Lot #:	mi # of IU days: Route: E rk-line art of tart and beriod.	uenza: 🗌 Ye	Unit: # of times a day: # of times a day: EXPOSURE PERIO The incubation eriod for novel offluenza A is up o 7 days. s No Unknown Date vaccinated: Lot #:	IU days	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of symptoms whichever is longer vhichever is longer	BLE PE BLE PE A is hours bas s resolve er. Date nated: Lot #: ccine:	IU days: Route: ERIOD before the ays after e, / /	
Unit: # of times a day: IFECTION TIMELINI Inter onset date in dar ix. Enter dates for sta posure period and s d of communicable p ISK FACTORS/TRA accinated with for S Date vaccinated: Lot #: Vaccine:	mi # of IU days: Route: E rk-line art of tart and beriod.	uenza: 🗌 Ye	Unit: # of times a day: EXPOSURE PERIO The incubation eriod for novel offluenza A is up o 7 days. S No Unknown Date vaccinated: Lot #: Vaccine:	IU days Route	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of until symptoms of until symptoms of until symptoms whichever is longe vhichever is longe vhichever is longe	BLE PE BLE PE A is hours bas s resolve er. Date nated: Lot #: ccine:	IU days: Route: ERIOD before the ays after e, / /	
Unit: # of times a day: FECTION TIMELINI Iter onset date in dar x. Enter dates for sta posure period and s d of communicable p SK FACTORS/TRA accinated with for S Date vaccinated: Lot #: Vaccine: Manufacturer:	mi # of IU days: Route: Route: E Image: Comparison of the second of the sec	uenza: 🗌 Ye	Unit: # of times a day: # of times a day: EXPOSURE PERIO he incubation eriod for novel offluenza A is up o 7 days. S No Unknown Date vaccinated: Lot #: Vaccine: Manufacturer:	IU days Route Route	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of until symptoms of until symptoms of until symptoms whichever is longe vhichever is longe vhichever is longe	BLE PE BLE PE A is hours bo s to 7 da s resolve er. Date nated: Lot #: ccine:	IU days: Route: ERIOD Pefore the ays after e, / / / / Inactivated Live attenuate	
Unit:	mi # of IU days: Route: Route: E Image: Comparison of the second of the sec	uenza: 🗌 Ye	Unit: # of times a day: # of times a day: EXPOSURE PERIO he incubation eriod for novel offluenza A is up o 7 days. S No Unknown Date vaccinated: Lot #: Vaccine: Manufacturer:	IU days Route	:	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of until symptoms of until symptoms of until symptoms whichever is longe vhichever is longe vhichever is longe	BLE PE BLE PE A is hours bo s to 7 da s resolve er. Date nated: Lot #: ccine:	☐ IU days: Route: ERIOD Defore the ays after e, / / / / I activated	
Unit:	mi # of IU days: Route: Route: E Image: Comparison of the second of the sec	uenza: Ye	Unit: # of times a day: # of times a day: EXPOSURE PERIO he incubation eriod for novel offluenza A is up o 7 days. S No Unknown Date vaccinated: Lot #: Vaccine: Manufacturer:	IU days Route Route	nset	# of times da COMMUNICA COMMUNICA Novel influenza A communicable 24 onset of symptoms of until symptoms of until symptoms of until symptoms whichever is longe vhichever is longe vhichever is longe	BLE PE BLE PE A is hours bo s to 7 da s resolve er. Date nated: Lot #: ccine:	IU days: Route: ERIOD Pefore the ays after e, / / / / Inactivated Live attenuate	

If yes to immune compromised specify reason:

					lowa Department	of i abilo i loaian
In the 7 days prior to the or Traveled within Iowa? ☐ Yes □ No □ Unk	nset of symptoms did the City in Iowa:		D	eparture date: / /	Return date:	1 1
Traveled within U.S.?			D	eparture	Return	
🗌 Yes 🔲 No 🔲 Unk	State: City:			date: / /	date:	
Traveled outside U.S.?	0			eparture	Return	, ,
]Yes]]No]]Unk	Country:			date: / /	date:	1 1
	contacts (within 6 feet of a	a person v	who is a suspect	enza-like illness? □ Yes [, probable, or confirmed Nov o □ Unk		with significant
CONTACTS						
Number of people living in	case's household:					
Close contacts of the case Name	(For more contacts, print DOB	/copy add Gende		ages.) Address/F	Phone	
Ndille	DOB	Gende	1	Audress/r	FIIOIIE	
	/ /	☐ Male ☐ Fema		Zip code	: Phone:	
Relation	ship to case		Lis	t symptoms	Symptom onset date	Is contact a case?
		_		Seizures	1 1	☐ Yes
	Sexual contact ⁻ amily member (non-housel] Cough] Sore throat	Headache Shortness of	1 1	□ No
	Friend/acquaintance		Runny nose	breath		
	Contact- work/school/etc		Conjunctivitis			
🗌 Parent/ guardian 🛛 🗍	Jnknown/Other		Diarrhea	Other specify		
Other symptoms:				below		
Name	DOB	Gend	ler	Address	s/Phone	
Name	DOB	Gend	е	Address		0.
Name	DOB / /		е	Address Zip coo		ie:
	DOB / / / nship to case	Mal	e		de: Phon Symptom	le: Is contact a case?
Relatio	/ / nship to case Sexual contact	Male Fer	e nale L Cough	Zip cod	de: Phon	Is contact a case?
Relatio	/ / nship to case Sexual contact Family member (non-house	Male Male Fen	e nale Cough Sore throat	Zip cod ist symptoms Seizures Headache	de: Phon Symptom onset date / /	Is contact a
Relatio Spouse Child Sibling	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance	Male Fem	e nale L Cough Sore throat Runny nose	Zip cod 	de: Phon Symptom onset date / /	Is contact a case?
Relatio Spouse Child Sibling Roommate	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc	Male Fem	e nale Cough Sore throat Runny nose Conjunctivitis	Zip cod 	de: Phon Symptom onset date / / h	Is contact a case?
Relatio Spouse	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance	Male Fem	e nale L Cough Sore throat Runny nose	Zip cod 	de: Phon Symptom onset date / / h	Is contact a case?
Relatio Spouse Child Sibling Roommate	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc	Male Fem	e nale Cough Sore throat Runny nose Conjunctivitis	Zip cod 	de: Phon Symptom onset date / / h	Is contact a case?
Relatio Spouse	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc	Ehold)	e L	Zip cod 	de: Phon Symptom onset date / / h	Is contact a case?
Relatio Spouse	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc Unknown/Other	ehold)	e L	Zip cod .ist symptoms Seizures Headache Shortness of breat Vomiting Other specify below	de: Phon Symptom onset date / / h w	Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms:	/ / nship to case Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc Unknown/Other DOB	ehold)	e hale Cough Cough Sore throat Conjunctivitis Diarrhea	Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Address	de: Phon Symptom onset date / / h w	Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Name Relatio	/ / nship to case	ehold) Genc Genc Fen	e	Zip cod	de: Phon Symptom onset date / / h w s/Phone de: Phon Symptom	Is contact a case? Yes No Ie: Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Relatio Relatio	/ / nship to case	ehold)	e hale hale Cough Cough Conjunctivitis Diarrhea	Zip cod ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Zip cod Zip cod List symptoms Seizures Headache	de: Phon Symptom onset date / / h % S/Phone de: Phon de: Phon	Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Relatio Relatio Spouse Child Spouse Child Sibling	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dob / / / Image: Dob / / / Image: Sexual contact / Sexual contact / Friend/acquaintance /	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod ist symptoms Seizures Headache Shortness of breati Vomiting Other specify below Zip cod Zip cod Zip cod Seizures Headache Shortness of breati	de: Phon Symptom onset date / / h % S/Phone de: Phon de: Phon	Is contact a case? Yes No No No Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Relatio Relatio Spouse Child Spouse Child Sibling Roommate	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dobe / Image: Ima	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Zip cod .ist symptoms Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting	de: Phon Symptom onset date / / h w s/Phone de: Phon de: Phon onset date / / h	Is contact a case? Yes No No No Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Other symptoms: Relatio Spouse Child Spouse Child Sibling Roommate Parent/ guardian	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dob / / / Image: Dob / / / Image: Sexual contact / Sexual contact / Friend/acquaintance /	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod ist symptoms Seizures Headache Shortness of breati Vomiting Other specify below Zip cod Zip cod Zip cod Seizures Headache Shortness of breati	de: Phon Symptom onset date / / h w s/Phone de: Phon de: Phon onset date / / h	Is contact a case?
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Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Other symptoms: Relatio Spouse Child Sibling Child Sibling Parent/ guardian	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dobe / Image: Ima	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Zip cod .ist symptoms Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting	de: Phon Symptom onset date / / h w s/Phone de: Phon de: Phon onset date / / h	Is contact a case? Yes No No No Is contact a case?
Relatio Spouse Child Sibling Roommate Parent/ guardian Other symptoms: Relatio Relatio Spouse Child Spouse Child Sibling Child Sibling Parent/ guardian Other symptoms:	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dobe / Image: Ima	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Zip cod .ist symptoms Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting	de: Phon Symptom onset date / / h w s/Phone de: Phon de: Phon onset date / / h	Is contact a case? Yes No No No Is contact a case?
Relatio Spouse	/ / Inship to case Image: Sexual contact Sexual contact Friend/acquaintance Contact- work/school/etc Unknown/Other Image: Dobe / Image: Ima	ehold)	e hale Cough Cough Conjunctivitis Diarrhea	Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting Other specify below Zip cod .ist symptoms Zip cod .ist symptoms Seizures Headache Shortness of breatt Vomiting	de: Phon Symptom onset date / / h w s/Phone de: Phon de: Phon onset date / / h	Is contact a case? Yes No No No Is contact a case?

Confidential PATIENT NAME: _____