**Utah Public Health**

**Name of Local Health Department**

**Address of Local Health Department**

*Phone:* ***(xxx) xxx-xxxx*** *Confidential Fax* ***(xxx) xxx-xxxx***

*Date:*

**DEMOGRAPHIC INFORMATION**

Race: *(check all that apply)*

*□* White *□* Black/African American *□* Other Race, specify\_\_\_\_\_\_\_\_\_\_\_\_\_

*□* Asian *□* Am. Indian/Alaskan Native *□* Native Hawaiian or Pacific Islander

Ethnicity: *□* Hispanic

*□* Not Hispanic *□* Other/Unknown

Sex: *(Circle one)* Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age:\_\_\_\_\_\_ (years)

M F U Place of Birth: *□* USA *□* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL INFORMATION**

Why was the patient tested (*check all that apply*):

□ Symptoms of acute hepatitis □ Screening asymptomatic patient with no risk factors

□ Screening asymptomatic patient with reported risk factors □ Prenatal screening

□ Evaluation of elevated liver enzymes □ Blood/organ donor screening

□ Follow up testing for previous marker of viral hepatitis □ Unknown

□ Year of birth (1945-1965) □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is patient symptomatic? □ Yes □ No □ Unknown

□ Acute onset □ Anorexia □ Nausea □ Malaise □ Fever □ Vomiting □ Ab. pain □ Headache □ Diarrhea

At diagnosis, was the patient:

* Jaundiced? □ Yes □ No □ Unknown
* Hospitalized for hepatitis? □ Yes □ No □ Unknown

Was the patient pregnant? □ Yes □ No □ Unknown

Due date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Did patient die from hepatitis? □ Yes □ No □ Unknown Date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does patient have provider of care

for hepatitis? □ Yes □ No □ Unknown

Does patient have diabetes? □ Yes □ No □ Unknown Diabetes diagnosis date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is patient immunocompromised? □ Yes □ No □ Unknown

**Laboratory Testing:**

Test Result: Test Date:

Total anti-HAV Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IgM anti-HAV Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HBsAg Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total anti-HBc Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HBeAg Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HBV Genotype: ­ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IgM anti-HBc Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hep B NAT Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Anti-HCV Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HCV NAT Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HCV Genotype: ­ \_\_\_\_\_/\_\_\_\_\_/\_\_\_ \_\_

Anti-HDV Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IgM anti-HEV Pos. Neg. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Onset Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Resolved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ □ Ongoing

Clinician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEPATITIS A CONFIDENTIAL CASE REPORT**

**CONTACT INFORMATION**

Prefix: (Mr. Mrs. Miss Ms. Etc.) Last Name: First Name: MI:

Preferred Name (Nickname): Maiden:

Address: City: State:

County: Zip: Date of Public Health Report:

Phone #1 (H/W/C): Phone #2 (H/W/C):: Case ID:

Were chemistries done? □ Yes □ No □ Unknown

Name of laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ALT (SGPT) results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upper limit normal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AST (SGOT) results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upper limit normal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bilirubin results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upper limit normal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? □ Yes □ No □ Unknown

Diagnosis (*check all that apply*):

□ Acute hepatitis A □ Acute hepatitis C □ Chronic HBV infection □ Perinatal HBV infection

□ Acute hepatitis B □ Acute hepatitis E □ Chronic HCV infection □ Perinatal HCV infection

**PATIENT HISTORY**

During the **2-6 weeks** prior to onset of symptoms: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

* Was the patient a contact of a person with confirmed or suspected

hepatitis A virus infection? CMR#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Yes □ No □ Unknown

* + If yes, was the contact (check one)
    - Household member (non-sexual) □ Yes □ No □ Unknown
    - Sex partner □ Yes □ No □ Unknown
    - Child cared for by this patient □ Yes □ No □ Unknown
    - Babysitter of this patient □ Yes □ No □ Unknown
    - Playmate □ Yes □ No □ Unknown
    - Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Was the patient:
  + A child or employee in a child care center, nursery, or preschool? □ Yes □ No □ Unknown
    - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + A household contact of a child or employee in a

child care center, nursery, or preschool? □ Yes □ No □ Unknown

* + - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If yes for either of these, was there an identified hepatitis A

case in the child care facility? □ Yes □ No □ Unknown

* + - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* A nursing home/residential care worker/attendee? □ Yes □ No □ Unknown
  + - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* A healthcare/direct patient care worker? □ Yes □ No □ Unknown
  + - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Attending or working in a school? □ Yes □ No □ Unknown
  + - If yes, provide facility name, address, and phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Was the patient employed as a food handler during the **TWO WEEKS** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

prior to onset of symptoms or while ill? □ Yes □ No □ Unknown

**Ask both of the following questions regardless of the patient’s gender.**

* In the **2-6 weeks** before symptom onset, how many: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  + Male sex partners did the patient have?
  + Female sex partners did the patient have?

Was the pt. **EVER** treated for a sexually transmitted disease? □ Yes □ No □ Unknown

* If yes, in what year was the most recent treatment? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
* In the **2-6 weeks** before symptom onset did the patient:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
* Inject drugs not prescribed by a doctor? □ Yes □ No □ Unknown
  + Use street drugs, but not inject? □ Yes □ No □ Unknown

Drugs used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last used: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

* + Travel or live outside of the U.S. or Canada? □ Yes □ No □ Unknown

If yes, where (Country)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the principle reason for travel?

□ Business □ New Immigrant □ Tourism □ Visiting relatives/friends □ Adoption □ Other/Unknown

* + Travel outside Utah, but inside the U.S.? □ Yes □ No □ Unknown

If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Travel outside the county, but inside Utah? □ Yes □ No □ Unknown

If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Have visitors from out of state or outside the U.S.?

If yes, did visitors bring food to share? Provide food details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In the **3 months** prior to symptom onset did anyone in the patient’s \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

household travel outside of the U.S. or Canada? □ Yes □ No □ Unknown

If yes, where (Country)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD HISTORY**

In the **2-6 weeks** before symptom onset did the patient: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Eat at any restaurants: □ Yes □ No □ Unknown *If yes, list below:*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of meal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of meal:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List of foods eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others ill? □ Yes □ No □ Unknown *If yes, list in contacts*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of meal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of meal:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List of foods eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others ill? □ Yes □ No □ Unknown *If yes, list in contacts*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of meal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of meal:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List of foods eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others ill? □ Yes □ No □ Unknown *If yes, list in contacts*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of meal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of meal:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List of foods eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others ill? □ Yes □ No □ Unknown *If yes, list in contacts*

In the **2-6 weeks** before symptom onset did the patient attend a group event: □ Yes □ No □ Unknown

**Type of event**: □ Party □ Family reunion □ Wedding □ Funeral □ Work party □ Conference □ Camp □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of meal: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of meal: \_\_\_\_\_\_\_\_\_ List foods eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others ill? □ Yes □ No □ Unknown *If yes, list in contacts*

* Is the patient suspected as being part of a common-source outbreak? □ Yes □ No □ Unknown

If yes, was the outbreak:

* Foodborne- associated with an infected food handler? □ Yes □ No □ Unknown
* Foodborne-**NOT** associated with an infected food handler? □ Yes □ No □ Unknown

Specify food item:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Waterborne □ Yes □ No □ Unknown

Specify details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Source not identified □ Yes □ No □ Unknown

List all contacts during the **2 weeks** prior to disease onset to **8 days** after jaundice onset OR **2 weeks** after disease onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Last name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **First name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Type of contact** (*select all that apply)*:

□ Household member (non-sexual) □ Sex partner □ Child cared for by this patient □ Babysitter of this patient

□ Playmate □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **First name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Type of contact** (*select all that apply)*:

□ Household member (non-sexual) □ Sex partner □ Child cared for by this patient □ Babysitter of this patient

□ Playmate □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **First name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Type of contact** (*select all that apply)*:

□ Household member (non-sexual) □ Sex partner □ Child cared for by this patient □ Babysitter of this patient

□ Playmate □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **First name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Type of contact** (*select all that apply)*:

□ Household member (non-sexual) □ Sex partner □ Child cared for by this patient □ Babysitter of this patient

□ Playmate □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify if this case epidemiologically-linked to another confirmed case of Hepatitis A?

□ Yes □ No □ Unknown Specify name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the **2-6 weeks** before symptom onset did the patient eat:

Oysters □ Yes, fully cooked □ Yes, undercooked □ Yes, raw □ No □ Unknown

Mussels □ Yes, fully cooked □ Yes, undercooked □ Yes, raw □ No □ Unknown

Ceviche □ Yes, fully cooked □ Yes, undercooked □ Yes, raw □ No □ Unknown

Other fish/seafood:\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes, fully cooked □ Yes, undercooked □ Yes, raw □ No □ Unknown

Fresh produce? □ Pre-packaged leafy greens:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unpackaged leafy greens:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Fresh herbs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Melon:\_\_\_\_\_\_\_\_\_\_\_\_ □ Berries:\_\_\_\_\_\_\_\_\_\_\_\_ □ Sprouts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Green onions:\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ None

Food from farmers’ markets/roadside stands/samples (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No □ Unknown

Any other raw/imported/unpasteurized/suspect foods? (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No □ Unknown

Grocery stores, farmers’ markets, roadside stands where high risk food purchased:

Name/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT MANAGEMENT**

**VACCINE HISTORY**

Has patient ever received a hepatitis B containing vaccine? □ Yes □ No □ Unknown

Has patient ever received a hepatitis A containing vaccine? □ Yes □ No □ Unknown

If yes, how many doses?\_\_\_\_\_\_\_\_ On what date was the last dose received? \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Has the patient ever received immune globulin? □ Yes □ No □ Unknown

If yes, when was the last dose received? \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ (mo/year)

**REPORTING INFORMATION**

Reported by: *(check all that apply)*

□ Hospital/ICP □ Clinic/doctor’s office □ Lab □ General public □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

What is the date the lab reported to the clinician? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reporter’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporter’s agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reported to public health: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

LHD Investigator: Phone: Date submitted to UDOH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

LHD Reviewer:

LHD Case classification: *(Check one)*

*□* Confirmed □ Probable □ Suspect □ Unknown □ Resolved □ Pending □ Out of state □ Not a case

UDOH Case Classification:

*□* Confirmed □ Probable □ Suspect □ Unknown □ Resolved □ Pending □ Out of state □ Not a case

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