Psittad	cosis	Agency:			☐ Probable ☐ Not a case
Investigator:	Phon	e number:		Reviewer initials: Referred to another state	
CASE					
CASE					
Last name: First and middle name:				Estimated?	
Maiden name:	Suffix:	<u> </u>	nant: ☐ Yes ☐ N Aarital ☐ Single	lo □ Unk Est. deliver date □ Married	ry e: / / ☐ Separated
Address line:			tatus: Divorced	☐ Parent with partne	er Widowed
Zip:	City:			Indian or Alaskan Native frican American or Pacific Islander	☐ Unknown ☐ White
	County:				☐ Asian
Phone: Long-term care resident:	() Type:	Parent/Gua	ardian name:	r Latino	or Latino 📋 Unknown
Facility name:		Parent/Gua p	ardian hone: ()-	Туре	e:
EVENT					
Diagnosis date:	Onset / date: /	1	Last name:		
Event outcome:	☐ Survived this illness ☐ Died from t☐ Died unrelated to this illness ☐ Unl		First name:		
Outbreak related:	I I Y AS I I INO I I I I INKONNO	ormatio	Provider title:	ARNP MD NP	□ PA
Outbreak name: Exposure setting:		woons Healthcare provider information			
Epi-linked:	☐ Yes ☐ No ☐ Unknown	re pro			
Location acquired:		Healthca	Zip code:		City:
				_	
LABORATORY	State: Country:		Phone: ()	Type:
				Collection	
Laboratory:		Specimen			1 1
_	/ / ☐ Preliminary ☐ Final		/ /		☐ Positive ☐ Negative
,,	Chlamydia psittaci	result date	, ,		
				Collection	, ,
		Specimen			/ /
-	/ / Preliminary Final	_	/ /		☐ Positive ☐ Negative
	Chlamydia psittaci				
Laboratory:		Accession #:		Collection date:	/ /
-	1 1	Specimen			, ,
-	☐ Preliminary ☐ Final	_	1 1		
Organism:	Chlamydia psittaci				

Confidential PATIENT NAME: Iowa Department of Public Health

OCCUPATIONS													
Interpret 'occupation	on' very l	oosely an	d conside	er every p	erso	n to have a	t least one	'occupa	ation'.				
Occupation type:						Job title:							
Worked after symptom onset:	☐ Yes	□No	Unkn	own	Faci	lity name:							
Date worked from:													
Date worked to:	/	/											
Removed from duties:	☐ Yes	☐ No	☐ Unkn	own						te:		nty:	
Date removed:	/	/				Phone:	()-	-	Туре):			
Hand Attend or provide ch	dle food:	☐ Yes ☐ Yes	☐ No ☐ No	_					care setting	•	☐ No	Unknov	vn
	d school:	☐ Yes ☐ Yes	☐ No	Unkr	nown		lab or	health o	care setting	g: 🗌 Yes	☐ No	Unknov	vn
WORK III a lak	o setting.	☐ 163			IOWII		Tical	ui care v	worker typ				
Occupation type:						Job title:							
Worked after symptom onset:	☐ Yes	□No	Unkn	own	Faci	lity name:							
Date worked from:	/	/											
Date worked to:	/	1											
Removed from duties:	☐ Yes	□No	Unkn	own						te:		nty:	
Date removed:	/	/				Phone:	()-	-	Туре	: :			
	dle food:	☐ Yes	□ No	Unkr	nown	_	Work in a		care setting		☐ No	Unknov	vn
	d school:	☐ Yes	□ No	Unkr	nown		lab or	health o	care setting	g: ∐Yes	☐ No	Unknov	vn
					IOWII		ricai	ui care v	worker typ				
Was the case hospit		lYes □	No □U	nknown									
Hospital:					Isola	ated at entry	∵ ∏ Yes	П №	□Unk	Isolation t	vne (entr	v):	
Admission date:						charge date	_	_	_			d:	
Currently isolated:	_					olation type							
CLINICAL INFO & D	· · · · · · · · · · · · · · · · · · ·				011110	<u> </u>							
Chest P	Pain \square	Yes □ N	lo ∏Un	k		Muscle pair	ı ∏ Yes	П №	Unk				
SE CH	nills 🗌	Yes \[\]	lo □ Un	k		Myocarditis	Yes	☐ No	Unk				
Cou	• –	_	√lo □ Un No □ Un		Thro	Rash mbophlebitis		_	☐ Unk ☐ Unk				
Heada	_	Yes \ \ \			111101	Feve			Unk				
TREATMENT													
Antibiotics prescribed	d? □ Ye	s 🗌 No	Unkno	own									
Antibiotic:					An	tibiotic:				A	ntibiotic:		
Date started:	/	/			Date s		/			Date	started:	/	
Dose:						Dose:					Dose:		
Unit:	☐ mg	# of] mg] ml #	e of			Unit:	☐ mg ☐ ml	# of
	□ IU	days:		N.I	obor c			ys:		Number =		=	ays:
Number of times a day:				inum	inet 0	f times a day:				Number of	day:		
Route:						Route:					Route:		

Fax: 515-281-5698

Confidential PATIENT NAME: ___ Iowa Department of Public Health

INFECTION TIMELIN	<u> E</u>					
		EXPOSURE PERIO	DD.		COMMUNICABLE PE	FRIOD
Enter onset date in	dark-line	LA GOORLI LINE	(Onset		
box. Enter dates for exposure period an		• The incubation perio			sittacosis is rarely commur	
end of communicab		psittacosis is 5 to 1	9 days.		erson to person. Laborator nfections can occur.	у
	·	<u>:</u>	••••••	•••	• • • • • • • • • • • • • • • • • • • •	••••••
RISK FACTORS/TRA	AVEL					
In the 4 weeks prior	to the onset of symptoms,		5			
Have contact with	n birds or Goose 🗔	Yes ☐ No ☐ Unk Yes ☐ No ☐ Unk		☐ Yes ☐ No ☐ Yes ☐ No		☐ Yes ☐ No ☐ Unk
contaminated envir		Yes No Unk		Yes No		l:
Which bird: _		Which bird:			Which bird:	
Contact date: _	1 1	Contact date:		<u> </u>	Contact date:	
Location name: _		Location name:			Location name:	
Address:		Address:			Address:	
		State/Zip:			State/Zip:	
	()	Phone:	()-		Phone:	_()
CONTACTS						
Contacts with the sa	me exposures?	☐ No ☐ Unknown				
Name	DOB	Gender			Address/Phone	
	1 1	□ Male				
		Female				
		Z	ip code:		Phone:	otom Is contact a
Re	elationship to case		1 1-4	_	Synip	pioni is contact a
			List syn	nptoms	onset	t date case?
Spouse	☐ Sexual contact		List syn	nptoms		ΠVec .
☐ Child	Sexual contact Family member (non-h	ousehold)	List syn		1	ΠVec .
	☐ Sexual contact				1	/ Yes
☐ Child ☐ Sibling	Sexual contact Family member (non-h Friend/acquaintance				1	/ Yes
☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other	etc			s contact.	/ Yes
☐ Child☐ Sibling☐ Roommate	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other	etc			1	/ Yes
☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other	ntact is a case create a Gender			s contact.	/ Yes
☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con	etc ntact is a case create a Gender Male Female	new event and/d		s contact. Address/Phone	/ Yes
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other ### this con DOB	etc ntact is a case create a Gender Male Female	new event and/o	or case for thi	s contact. Address/Phone Phone: Symp	/ Yes No No
Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con DOB / /	etc ntact is a case create a Gender Male Female	new event and/d	or case for thi	s contact. Address/Phone Phone: Symp	/ Yes No No No Is contact a case?
Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con DOB / /	etc ntact is a case create a Gender Male Female Z	new event and/o	or case for thi	s contact. Address/Phone Phone: Symp	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con DOB / / elationship to case Sexual contact Family member (non-h Friend/acquaintance	etc ntact is a case create a gender Gender Male Female Z ousehold)	new event and/o	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No Is contact a case?
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate	Sexual contact Family member (non-h Friend/acquaintance Unknown/Other If this con DOB	etc ntact is a case create a gender Gender Male Female Z ousehold)	new event and/o	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con DOB / / elationship to case Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other	etc ntact is a case create a Gender Male Female Z ousehold)	new event and/d ip code: List syn	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No Is contact a case?
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this con DOB / / elationship to case Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other	etc ntact is a case create a gender Gender Male Female Z ousehold)	new event and/d ip code: List syn	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No Is contact a case?
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Unknown/Other If this cond DOB	ousehold) otact is a case create a gender Male Female Z ousehold) otact is a case create a gender	new event and/d ip code: List syn	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Unknown/Other If this cond DOB	ottc Itact is a case create a Gender Male Female Cousehold) Outsetc Itact is a case create a description of the cousehold of the cousehol	new event and/d ip code: List syn	or case for thi	s contact. Address/Phone Phone: Symponset	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Unknown/Other If this cond DOB	ousehold) otact is a case create a Gender Male Female Z ousehold) otact is a case create a Gender Male Female	new event and/d ip code: List syn	or case for thi	s contact. Address/Phone Phone: Symponset / s contact. Address/Phone Phone:	/ Yes No Property Property No Property Prope
Child Sibling Roommate Parent/ guardian Name Spouse Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-h Friend/acquaintance Unknown/Other If this cond DOB	ousehold) otact is a case create a Gender Male Female Z ousehold) otact is a case create a Gender Male Female	new event and/o	or case for thi	s contact. Address/Phone Phone: Symponset / s contact. Address/Phone	/ Yes No
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this cond DOB	ousehold) outact is a case create a gender Male Female Z ousehold) outact is a case create a gender Male Female Z	new event and/o ip code: List syn	or case for thi	S contact. Address/Phone Phone: Symponset / s contact. Address/Phone Phone: Symponset /	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this contact Family member (non-h Friend/acquaintance Unknown/Other If this contact Family member (non-h) Friend/acquaintance Contact- work/school/e Unknown/Other	ousehold) outact is a case create a gender Male Female Z ousehold) outact is a case create a gender Male Female Z	new event and/o ip code: List syn	or case for thi	S contact. Address/Phone Phone: Symponset / s contact. Address/Phone Phone: Symponset /	/ Yes No No No No No No No N
Child Sibling Roommate Parent/ guardian Name Ro Spouse Child Sibling Roommate Parent/ guardian Name	Sexual contact Family member (non-h Friend/acquaintance Contact- work/school/e Unknown/Other If this cond DOB	ousehold) Itact is a case create a Gender Male Zender Zend	new event and/o ip code: List syn	or case for thi	S contact. Address/Phone Phone: Symponset / s contact. Address/Phone Phone: Symponset /	/ Yes No No No No No No No N

If this contact is a case create a new event and/or case for this contact.

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Confidential	PATIENT NAME:	Iowa Department of Public Health
NOTES:		

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