Department of Health Services
Surveillance and Statistics Section
MS 7306
P.O. Box 997413
Sacramento, CA 95899-7413

CASE REPORT

❒ TYPHUS FEVER
❒ RELAPSING FEVER

Patient name–last | first | middle initial | Date of birth | Age | Sex

Address–number, street | City | State | County | ZIP code

Telephone number
Home ( ) Work ( )

RACE (check one)
❒ African-American/Black ❒ White ❒ Native American ❒ Asian/Pacific Islander ❒ Other

ETHNICITY (check one)
❒ Hispanic/Latino ❒ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one: ❒ Asian Indian ❒ Cambodian ❒ Chinese ❒ Filipino ❒ Guamanian ❒ Hawaiian ❒ Japanese ❒ Korean ❒ Laotian ❒ Samoan ❒ Vietnamese ❒ Other _______________

PRESENT ILLNESS

Date of onset

Was patient hospitalized?
❒ No ❒ Yes, name of hospital___________________________________

For relapsing fever, total number febrile attacks.
Pretherapy _____________ Posttherapy ___________

Brief clinical description, including description of rash and date of appearance

Specific therapy (specify product)

Dates
First dose _______________
Last dose _______________

Outcome of case
❒ Recovered _______________
❒ Died—Date _______________

DIAGNOSTIC TESTS

Type of Test	Date Collected	Results	Name and Address of Laboratory
IFA			
EIA			
Western blot			
Blood smear Thick film			
Thin film			
Mouse Inoculation			
Other tests (specify)			

PROBABLE SOURCE OF INFECTION

Occupation (give exact job) and kind of business or industry at date of onset | Name of employer (name of company, firm, or owner)

Address at place of employment—number, street (name of valley, canyon, or nearest town) | City | State | ZIP code

History of insect bites
❒ Tick bites
Date (mm/dd/yy) ____________________
❒ Flea bites
Date (mm/dd/yy) ____________________
❒ Other insect bites
Date (mm/dd/yy) ____________________

Presence of the following at home
❒ Rodents ❒ Cats ❒ Opossums ❒ Fleas

Presence of the following at place of employment
❒ Rodents ❒ Cats ❒ Opossums ❒ Fleas

Whereabouts of patient, including trips or visits, within three weeks of onset, giving places, dates, and type of premises (house, cabin, tent, lodge, etc.)

Presence of rodents and infestation
❒ No ❒ Yes

REMARKS

Investigator name (print) | Date | Telephone number ( )

Agency name