



Coccidioidomycosis Report Form

Date form completed _____

1. Animal Dog Cat Horse Llama Other _____
Name _____ Breed _____ Sex/Neut _____ Age _____

2. Animal Owner

Name(s):

Street:

City, ZIP:

Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:

Clinic Name:

Address:

City, ZIP:

Telephone

Fax

E-mail:

4. Exposure History

Lives primarily outdoors (more than 50% of time) Yes No

Digs in soil frequently Yes No

Lives within site of earth excavation Yes No

Lives on a dirt road Yes No

In dust storm within 2 months before illness. Yes No

Traveled outside Los Angeles County in 2 months before illness Yes No

If Yes, please check areas of travel

Southern California (outside of LA County) Central California/San Joaquin Valley

Other U.S. State: _____ Mexico or Central /South America

5. Clinical Findings

Date of onset of first symptoms _____ Date of presentation _____

Date of death (if applicable) _____

Highest body temperature measured _____

Check all that apply: Cough Fever Weight loss Lameness

Enlarged lymph node(s) Eye lesions Pneumonia/Pulmonary

Anatomic location of lesions: _____

6. Treatment (drug, duration):

Potential drug resistance seen? Explain:

7. Laboratory results

Please fax all laboratory results to us along with this form.