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|--|--|--|--|---|-----------------------------|--|
| P A T I E N T | Last Name _____ First Name _____ MI _____ (_____) _____ | | | Patient's Phone Number _____ | | |
| | Street Address (Do not use PO Box) _____ | | City _____ | County _____ | Zipcode _____ | |
| | Age: _____ | Date of Birth: _____ | Sex: M F | Occupation: _____ | | |
| | Race: White Black Asian Native American Other _____ | | | Hispanic: Yes No Unknown | | |
| C O U R S E | Date of Onset: _____ Was patient hospitalized? Yes No If Yes , which hospital? _____ | | | | | |
| | Discharge diagnosis: _____ Recovered? Yes No Died? Yes No Date of death: _____ | | | | | |
| | Attending Physician: _____ (_____) _____ (_____) _____ | | (Name) | | (Phone) (Fax) | |
| | Address: _____ (Street Address) | | | _____ (City, State, Zipcode) | | |
| D I A G N O S T I C D A T A | Circle Response (Yes, No, Unknown): | | | Laboratory Results: | | |
| | Fever Yes No Unknown If Yes , highest temperature: _____°F | | | Serologic Findings: Pos Neg Equivocal Unknown | | |
| | Myalgia Yes No Unknown | | | Name of Lab: _____ | | |
| | Periorbital edema Yes No Unknown | | | Other Test Type: _____ | | |
| | Eosinophilia Yes No Not Done Unknown If Yes , specify absolute number or percentage: (#) _____ or (%) _____ | | | Name of Lab: _____ | | |
| | | | | Date: _____ Results: Pos Neg Equivocal | | |
| | | | Date: _____ Results: Pos Neg Equivocal | | | |
| | | | Muscle Biopsy: Date: _____ Not Done | | | |
| | | | Results: Pos Neg Unknown | | | |
| E P I D E M I O L O G I C D A T A | Suspect Food | | | | | |
| | Pork | | Non-Pork | | Date Consumed: | |
| | <ul style="list-style-type: none"> .. Store-bought pork .. Pork from farm-raised pig .. Wild pig (feral swine, javelina, etc) .. Other (Specify) _____ | | <ul style="list-style-type: none"> .. Bear Meat .. Hamburger (ground meat) .. Other (Specify) _____ | | _____ Mo Day Yr | |
| | | | | | Larva in Suspect Food: | |
| | | | | | Yes No Not examined Unknown | |
| | Where Was Meat Obtained? | | Further Processing and Preparation After Purchase | | Method of Cooking | |
| <ul style="list-style-type: none"> .. Supermarket/Grocery .. Butcher shop .. Restaurant/Public eating establishment .. Direct from farm .. Hunted or trapped .. Other: _____ .. Unknown | | <ul style="list-style-type: none"> .. No further processing .. Ground (i.e. hamburger) .. Smoked .. Dried (jerky) .. Marinated .. Other: _____ .. Unknown | | <ul style="list-style-type: none"> .. Uncooked .. Fried .. Open-fire roasting/BBQ .. Other: _____ .. Unknown | | |
| Other Comments/Travel History | | | | | | |
| | | | | | | |

Investigator Name _____ Phone: _(_____) _____

Agency _____ Date _____