



Typhoid and Paratyphoid Fever Patient Demographics

Please complete this information for all cases of typhoid or paratyphoid fever in addition to CDC's Typhoid and Paratyphoid Fever Surveillance Report. Please fax both forms to DSHS Central Office, Attn: Foodborne Illness Team, at 512-458-7616.

Patient's name: _____	DOB: ____/____/____	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Patient's address: _____ _____ Phone number: (h) () _____ (w) () _____	Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	

