Texas Department of State Health Services

Tularemia Case Investigation

PATIENT

Last Name ______ First Name ______ MI ___ (____)______ Patient's Phone Number

Street Address ______ City ______ County ______ Zip ______

Age: ________ **Date of Birth:** ______________ **Sex:** M F

Race: White Black Asian Native American Other ______________ **Hispanic:** Yes No Unknown

COURSE

Date of onset: ____________ Was patient hospitalized? YES NO If YES, which hospital: ____________

Date of admission: ____________ Date of discharge: ____________ **Discharge diagnosis:** ____________

Recovered? YES NO Died? YES NO Date of death: ________ Sequelae? YES NO If Yes, explain in comment section

Attending Physician: ______________ (Name) ( ) ________ (Phone 1) ( ) ________ (Phone 2)

Address: ______________ City________ State ________ Zip________

Document additional hospitalizations and physician data in Comment Section.

CLINICAL

Circle Response (Yes, No, Unknown):

Fever Y N U

Max temp:________ ° F Pulse at time of max temp: ________

Chills Y N U

Headache Y N U

Skin Lesion: Y N U **NOTE: Attach photo of lesion to report.**

If Y, Location(s):______________

Circle all that apply to Skin Lesions

Itchy Swollen Tender Oozing

Satellite Blisters Eschar Surrounding edema

Anorexia Y N U

Severe malaise Y N U

Weight Loss Y N U

Nausea/vomiting Y N U

Diarrhea Y N U

Abdominal pain Y N U

Conjunctivitis Y N U

Sepsis Y N U

Lymphadenopathy Y N U

Cough Y N U

If Yes, was Cough (Circle)

Productive Bloody Purulent

Shortness of breath Y N U

Pneumonia Y N U

Chest Pain Y N U

Meningitis Y N U

Other:

OTHER EPIDEMIOLOGY

Occupation: ______________________________

(Give exact job, type of business or industry, location)

Recent military service: YES NO If YES, date of discharge:______________

Does the patient have a history of travel outside of home county within 15 days of onset? YES NO

If yes, document travel history.

Does the patient work outdoors or around wildlife, exotic pets or livestock? Y N U (If Yes, document in Comments Section on reverse)

In the 3 weeks prior to illness, did the patient have any contact with wildlife (hunting, camping, etc)? Y N U (If Yes, document in Comments Section)

Has the patient been bitten by ticks or deer flies in the three weeks prior to illness? Y N U (If Yes, document in Comments Section)

Are there exotic rodents or other pets in the patient's household? Y N U If Yes, have any of these pets been ill recently? Y N U (If Yes, document in Comments Section)

Have any household members experienced similar symptoms recently? Y N U (If Yes, provide details)

Patient's Name: ____________________

SEROLOGIC

Tests for	Date of specimen ===> Type of test	Results	Results	Laboratory Name

CULTURE

Specimen date	Specimen type	Results	Laboratory Name

OTHER LAB

Test	Specimen date	Results	Specimen Date	Results
WBC				
Diff				
Platelets				
SGOT				
SGPT				
Other (Specify)				

XRAY

Type	Date	Results

OTHER COMMENTS

Investigated by: ____________________ Phone: ( ) ____________________

Agency: ____________________ Date: ____________________