### Demographics

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Phone number</td>
<td></td>
</tr>
<tr>
<td>DOB (mm/dd/yyyy)</td>
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<tr>
<td>if DOB unknown, AGE</td>
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<tr>
<td>SEX (circle one)</td>
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<tr>
<td>LANGUAGE</td>
<td></td>
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<tr>
<td>COUNTRY OF BIRTH</td>
<td></td>
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<tr>
<td>worksites/school/day care center</td>
<td></td>
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<tr>
<td>Occupation/grade</td>
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### Race

- White
- Black
- Asian
- Pacific Islander
- American Indian/Alaska Native
- unknown
- other

- Hispanic (Y/N/Unknown/Declined)

### Providers, Facilities and Labs

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Reporter (circle one)</td>
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<tr>
<td>name and phone number</td>
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<tr>
<td>MDx</td>
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<tr>
<td>ER</td>
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<tr>
<td>ICP</td>
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<tr>
<td>Lab-ELR</td>
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<td>lab-fax</td>
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<tr>
<td>lab-phone</td>
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<tr>
<td>lab-other</td>
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<tr>
<td>HCP</td>
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### Basis of Diagnosis

#### Clinical Data

- Symptomatic: yes/no/unk
- Diarrhea: yes/no/unk
- Bloody diarrhea: yes/no/unk
- Self-reported fever: yes/no/unk

- Hospitalized: yes/no/unk
- Name of hospital:        
- Date of admission:        
- Date of discharge:       
- Transferred to/from another hospital: yes/no/unk
- Name of transfer hospital:  

#### Laboratory Data

- Culture confirmed: yes/no
- Specimen collected: stool/blood/rectal
- Test type
- Isolate submitted to PHL: yes/no/unk
- PHL specimen #:         
- Species: C. jejuni/coli/upsaliensis/fetus/other/unk

### Epi-Linkage

- During the exposure period, was the patient... associated with a known outbreak? yes/no/unk
- a close contact of a confirmed or presumptive case? yes/no/unk
- Has the above case been reported? yes/not yet
- Specify nature of contact:
  - household
  - sexual
  - coworker
  - friend
  - daycare
  - other

- if yes to any question, specify relevant names, dates, places, etc:
INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period.

days from onset: ____________________________

ask about exposure in this window

Most persons shed infectious oocysts in stool during the period of diarrhea. Shedding may continue in some patients for several days—possibly longer.

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Skip this section if case is already epi-linked.

- no risk factors could be identified
- patient could not be interviewed

- contact with live poultry
- ate raw/undercooked poultry
- handled poultry
- raw/rare meat
- raw/unpasteurized milk
- other unpasteurized milk products (i.e. queso fresco)
- food at restaurants, fast food, vendors

- food at gatherings (potlucks, events)
- contact with household pets, especially puppies and kittens
- if yes, did pet have diarrhea? □ yes □ no
- contact with livestock
- contact with persons with diarheal illness
- diapered children or adults
- occupational exposure to excreta
- recreational water exposure (lakes, rivers, pools, etc.)

- travel
- outside U.S. to ______________________
- outside Oregon to ______________________
- within Oregon to ______________________

Provide details about possible sources and risk factors

CASE-CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

<table>
<thead>
<tr>
<th>name</th>
<th>age</th>
<th>occupation</th>
<th>diarrhea</th>
<th>onset date</th>
<th>education</th>
<th>comments</th>
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Does the case know about anyone else with a similar illness? □ yes □ no □ could not be interviewed

if yes, give names, onset dates, contact information, and other details.

During the communicable period, did the case prepare food for any public or private gatherings? □ yes □ no  
if yes, provide details below.

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

Does the patient attend daycare or nursery school? □ yes □ no

if yes: Is the patient in diapers? □ yes □ no

Are other children or staff ill? □ yes □ no

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

- hygiene education provided
- work or daycare restriction for case
- work or daycare restriction for household member
- restaurant inspection
- investigation of raw milk dairy

ADMINISTRATION

Remember to copy patient’s name to the top of this page.

Case report sent to OHA on ____/____/____

Completed by ____________________________ Date _______ Phone ___________________ Investigation sent to OHA on ____/____/____