

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

	BURE	AU OF CO	MMUNI	CABLE DISEASTIGATION	ASE C	ONT	ROL A	ND PF	REVE		N				CONDITIO	FOR PUBLIC ON I.D.	HEALT		NCY USE ON RECEIVED BY		
NAME (LAST, FIRST, M.I.)								DATE OF				TH AGE			SEX Male Female			RACE			
ADDRESS CITY, ST.								, STATE, ZIP CODE				COUNTY				E	THNICITY His		□ Non	-Hispanic	
CON	IDITION NAME									TEL	EPHONE					2ND TELEPH		pariic	LI INOII	-i lispatiic	
	SYMPTOM	YES	NO	ONSET DATE/T	IME S	SYMPT	ГОМ			YES	NO	ONSET D	ATE/TIME	SYMI	РТОМ		YES	NO	ONSET	DATE/TIME	
	ASYMPTOMATIC				١	NAUSE	ĒΑ							MUS	CLE ACHE	S					
	DIARRHEA*				F	ABDOM	IINAL CRA	AMPS/P/	AIN				HEAD		DACHE						
SYMPTOMS	WATERY DIARRHEA*				F	FEVER°							DIZZII		ZINESS						
	BLOODY DIARRHEA*				(CHILLS								JAUN	JAUNDICE						
	≥3 LOOSE STOOLS IN 24 HOURS*				E	BODY A	ACHES	3					URINAR'		ARY TRACT	TRACT INFECTION [
S	VOMITING*				F	ATIGU	JE							OTHE	R:						
	OTHER:				OTHER:								OTHER:								
	STILL SYMPTOMATIC RECOVERED DIED					DATE SYMPTOMS RESOLVED: DURATION OF ILLNESS DAYS H									☐ HOURS						
	*EXCLUDE FROM HIGH RISK DUTIES						TALIZED?	? 🔲	YES	N(O NUMI	BER OF DAY	'S:								
LS	DRUG					DATE					DOSAGE			FREQUENCY				DURATION			
MEN																					
TREATMENTS																					
Ë																					
	HIGH RISK EMPLOYMENT PATIENT YES NO UNK HOUSEHOLD MEMBER(S)																YES NO	O UNK			
	FOODHANDLER									+	OODHA		(-)								
Z	ASSOCIATED WITH OR ATTENDS A CHILD/ADULT CARE CENTER										ASSOCIATED WITH OR ATTENDS A				A CHILD/ADULT CARE CENTER						
INFORMATION	HEALTHCARE WORKER										HEALTHCARE WORKER				TOTALES/NEGET OF THE GETTER						
ORM							MENT (INCLUDE ADDRESS)				DATE(S) WORKED PRIOR TO			,	EXCLUDED FROM WORK				EXCLUDED FROM		
	TEACE OF EMPLEY					ment (mozobe Abbiteo)					ONSET AND DURING ILLNESS			5					IGH RISK DI		
														_					s \square NO		
BACKGROUND	TRAVEL(S)														YES [□ NO □	UNK	☐ YE	S 🗆 NO	☐ UNK	
BAC	DATE PATIENT OR HOUSEHOLD MEMB			HOLD MEMBER	R LOCATION (CITY, STATE, CO				ATE, CC	UNTI	JNTRY) REASON FOR TRAVEL			VISIT PERSONS, ATTEND GROUP FUNCTION, ETC.) BE AS SPECIFIC AS POSSIBLE							
IRE	DATE TYPE (PET, VISIT TO ZOO, FARM)					ANIMAL DAILY					XPOSURE LIMITED ONE TIM		YES	ANIMAL IL YES NO		LOCATIO	N (CITY,	STATE,	COUNTRY)	ı	
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LEXF								ΙГ			1 1			1 1							
IIMAL EXF																					
ANIMAL EXPOSURE]													
	MMENTS ON QUESTIO	NS ABOVE:]													

MO 580-0802 (2-17) CD-2C

	FOOD EXPOSURE					TYPE			DATE		NAME				LOCATION (CITY, STATE, COUNTRY)					
끭	☐ GROCERY ☐ RESTAURANT ☐ OTH				THER	ER														
FOOD EXPOSURE	☐ GROCERY [☐ REST	TAURANT	O	THER															
9	☐ GROCERY [☐ REST	TAURANT	O	THER															
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_			TAURANT		THER	DATE	TYPE OF FOOD		VEC NO	CDE	OIFIO FOOD	DATE	TYPE OF FOOD		VEC NO	CDEOIEI	. FOOD	DATE		
	TYPE OF FOOD		YES NO	SPECIF	FIC FOOD	DATE	TYPE OF FOOD GROUND BEEF		YES NO	SPE	CIFIC FOOD	DATE	POULTRY	,	YES NO	SPECIFIC	FOOD	DATE		
တ	UNPASTEURIZED I	DAIRY					(RAW OR UNDERCOOKE						(RAW OR UNDERCOOKED)							
ğ	HOME-CANNED FO	ODS					SEAFOOD (COOKE	D)		3 Ol			HUNTED OR TE MEAT	RAPPED						
R F	EGGS						SEAFOOD (RAW)						ETHNIC							
OTHER FOODS	(RAW OR UNDERCOOKED)					SLAI OOD (NAW)						ETHINIC								
6	OTHER					OTHER							OTHER							
	OTHER FOODS CO	MMENT	S:				•					'	•							
_	SEWAGE SYSTEM	AND W	ATER SII	DDI V	IE DRIVATE	TVDE					IE DIIRI IC T	VDE								
	SEWAGE STOTEM	SEWAGE SYSTEM AND WATER SUPPLY				PRIVATE, TYPE IF PUBLIC, TYPE IF PUBLIC, TYPE LAGOON SEWAGE TREATME							NT DI ANT	,						
	HOME SEWAGE S	STEM				LAGOON LI SEPTIC IANK LI SAND MOUND														
	1					AEROBIC TREATMENT UNIT (ATU) LI HOLDING TANK L							IE AND LOCATION	ON						
ш	☐ UNKNOWN ☐ NONE				OTHER (SPECIFY)															
/AG																				
WATER & SEWAGE) HOME WATER CURRING											TER - NAME	AND LOCATION	N						
<u>«</u>	HOME WATER SUPPLY □ PRIVATE □ PUBLIC □ BOTH □ RIVER					☐ CISTERN ☐ POND ☐ LAKE ☐ BOTTLED ☐ SPRING														
岜	UNKNOWN NONE																			
×	UNKNOWN NONE OTHER (SPECIFY) RECREATIONAL WATER																			
	DATE(S) TYPE OF RECREATIONAL WATER EXPOSURE						LOCATION (BE SPECIFIC) DATE					(S) TYPE OF RECREATIONAL WATER EXPOSURE LOCATION (BE SPECIF					CIFIC)			
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						DATE	OF				SIMIL AR I	LUNESS	ONSET	IΔ	B TESTING	3		KED, CD-1,		
S	N.	AME AN	ID ADDRI	ESS		DATE BIRTH		RELA	TION TO	CASE			ONSET DATE		B TESTING		ENTER COMF	RIC FORM PLETED*		
ACTS	N.	AME AN	ID ADDRI	ESS				RELA	TION TO	CASE	YES	NO	DATE	OS NEG	NOT DOI		ENTER COMF YES	RIC FORM PLETED* NO		
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ILL CONTACTS	*LIST HOUSEHOLE) AND O			ONTACTS W	BIRTH					YES	NO	DATE PO	DS NEG	NOT DOI	NE UNK	ENTEF COMF YES	RIC FORM PLETED* NO		
ILL CONTACTS	*LIST HOUSEHOLD) AND O	THER CL		ONTACTS W	BIRTH	/AGE SEA				YES	NO	DATE PO	DS NEG	NOT DOI	NE UNK	ENTEF COMF YES	RIC FORM PLETED* NO		
	LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SO) AND O	THER CL	OSE CO		BIRTH.	AR ILLNESS. COMPL	ETE SE	EPARATE :	"CD-1	YES	NO	DATE PO	OS NEG	NOT DOI	NE UNK	ENTEF COMPYES	RIC FORM PLETED NO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
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