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| HEAT-RELATED ILLNESS WORKSHEET | Reporting Agency Name and Telephone  |
| Patient First Name and Last Name       | DOB Race Sex Ethnicity                         |
| Residence Street Address       | Date of Illness Week        |
| Residence City, State ZIP       | Location where became ill (home, work, school - include address)       |
| County       | City State Zip                   |
| Physician       | Diagnosis       |
| Physician’s Address       | Physician’s Phone Number       |
| Hospitalized? Date Hospitalized [ ]  Y [ ]  N | Died? Date of Death [ ]  Y [ ]  N |
| Hospital Name  | Hospital Address       |
| Pre-existing Aggravating Medical Factors      |
| Contributing Activity (Working, Physical Exertion, Substance Use/Abuse, Recreational Activity, Sports, Other - explain)      | Air Conditioning Available In Use [ ]  Y [ ]  N [ ]  Y [ ]  N |

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| HEAT-RELATED ILLNESS WORKSHEET | Reporting Agency Name and Telephone  |
| Patient First Name and Last Name       | DOB Race Sex Ethnicity                         |
| Residence Street Address       | Date of Illness Week        |
| Residence City, State ZIP       | Location where became ill (home, work, school - include address)       |
| County       | City State Zip                   |
| Physician       | Diagnosis       |
| Physician’s Address       | Physician’s Phone Number       |
| Hospitalized? Date Hospitalized [ ]  Y [ ]  N | Died? Date of Death [ ]  Y [ ]  N |
| Hospital Name       | Hospital Location       |
| Pre-existing Aggravating Medical Factors      |
| Contributing Activity (Working, Physical Exertion, Substance Use/Abuse, Recreational Activity, Other – explain)      | Air Conditioning Available In Use [ ]  Y [ ]  N [ ]  Y [ ]  N |

Contact the Bureau of Environmental Epidemiology, Hyperthermia Prevention staff, at (866) 628-9891 for more information. Please fax completed forms to 573-526-6946. Rev. 07/02/2015