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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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| 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