

EXPOSURE

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
 Out of: County State Country
 Dates/Locations: _____

- Case knows anyone with similar symptoms
- Congregate living
 - Barracks Corrections Long term care
 - Dormitory Boarding school Camp
 - Shelter Other: _____
- Any contact with animals at home or elsewhere
- Wildlife or wild animal exposure

Y N DK NA

- Insect or tick bite
 - Deer fly Flea Mosquito
 - Tick Louse Other: _____
 - Unknown insect or tick type
 Location of insect or tick exposure: _____

 Date of exposure: _____
- Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
- Invasive procedure
 Description: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified**
- Patient could not be interviewed**

PUBLIC HEALTH ISSUES

Y N DK NA

- Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

- Any public health action, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___