**EXPOSURES**

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<th>N</th>
<th>DK</th>
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Travel out of the state, out of the country, or outside of usual routine

Out of:
- County
- State
- Country

Dates/Locations: ______________________

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Case knows anyone with similar symptoms

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**

**PUBLIC HEALTH ACTIONS**

**NOTES**

Investigator ________________________  Phone/email: _______________________  Investigation complete date ___/___/___

Local health jurisdiction _____________________________________________  Record complete date ___/___/___

Other Condition

Answers are: Yes, No, Unknown to case, Not asked /Not answered