BRUCELLOSIS CASE INVESTIGATION - Page 1 of 3

Indiana State Department of Health
State Form 51639 (7-04)

DIRECTIONS - PLEASE READ BEFORE YOU BEGIN:

1. Print firmly and neatly.
2. Only use pens with blue or black ink.
3. Fill in circles like this: ● Not like this: ✓ Mark mistakes like this: ✗
4. Print capital letters only and numbers completely inside boxes. A 2 C 3
5. Please complete all items on form.
6. **Date format: MM/DD/YY**

Section 1. Demographic Information

Last Name

First Name **MI** **Phone Number** -

Number & Street Address

City **State** **ZIP Code** -

County **Date of Birth** / / **Age**

Race:
- ○ Asian
- ○ Black or African American
- ○ American Indian or Alaska Native
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other/Multiracial
- ○ Unknown

Ethnicity:
○ Hispanic or Latino ○ Not Hispanic or Latino ○ Unknown

Sex:
○ Male ○ Female ○ Unknown

Is Age in day/mo/yr?
- ○ Days
- ○ Months
- ○ Years

Occupation **Phone of Employer/School/Day Care** - -

Name of ○ Employer ○ School ○ Day Care

Address of Employer/School/Day Care

City **State** **ZIP Code** -

Section 2. Clinical Information

Symptoms (check all that apply):
- ○ Fever . *(degrees)*
- ○ Sweats
- ○ Malaise
- ○ Anorexia
- ○ Headache
- ○ Back Pain
- ○ Abdominal Pain
- ○ Weakness
- ○ Gastrointestinal Problem
- ○ Other, specify:

/ / **Date of Onset**

/ / **Date First Positive Specimen Collected**

Signs (check all that apply):
- ○ Lymphadenopathy
- ○ Splenomegaly
- ○ Hepatomegaly
- ○ Bone/Joint Lesions
- ○ Meningitis
- ○ Endocarditis
- ○ Orchitis
- ○ Miscarriage
- ○ Other, specify:

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Section 2. Clinical Information (continued)

1. IgM Testing:

__ / __ / __
Acute Specimen Taken

Acute Value

__ / __ / __
Convalescent Specimen Taken

Convalescent Value

Results:

- ○ 4-fold Rise in IgM
- ○ No 4-fold Rise in IgM
- ○ Indeterminate
- ○ Pending
- ○ Not Done
- ○ Unknown

2. IgG Testing:

__ / __ / __
Acute Specimen Taken

Acute Value

__ / __ / __
Convalescent Specimen Taken

Convalescent Value

Results:

- ○ 4-fold Rise in IgG
- ○ No 4-fold Rise in IgG
- ○ Indeterminate
- ○ Pending
- ○ Not Done
- ○ Unknown

Physician/Hospital that Collected Specimen

Physician/Hospital Address

City

State

ZIP Code -

Physician/Hospital Phone - -

Other Diagnostic Tests:

PCR	○ Positive	○ Negative
Culture	○ Positive	○ Negative

Sample(s) tested:

Was the patient treated with antibiotics for this illness?
○ Yes ○ No

If Yes, antibiotic:

Start date: __ / __ / __

Was the patient hospitalized?
○ Yes ○ No

If Yes, admission date: __ / __ / __

Discharge date: __ / __ / __

Hospital:

Did patient die?
○ Yes ○ No

Section 3. Risk Factors - Natural Exposure

During the two months prior to onset of symptoms, did the patient:

Have any contact with animals?
○ Yes ○ No

If Yes: ○ Cattle ○ Sheep ○ Goats ○ Pigs ○ Dogs ○ Other

If Other, specify

__ / __ / __
Date

Indiana State Department of Health
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Section 3. Risk Factors - Natural Exposure (continued)

Have contact with birthing animals? ○ Yes ○ No

If Yes, type of animal

Date / /

Have any exposure to unpasteurized milk?

○ Yes ○ No ○ Unknown

If Yes, from what animal:

Date: / /

Have any exposure to soft cheese/unpasteurized cheese?

○ Yes ○ No **If Yes, date:** / /

Work in a slaughter plant, meat market, or have other exposure to animal blood?

○ Yes ○ No **If Yes, date:** / /

Location:

Have exposure to a household member with similar illness in the last year?

○ Yes ○ No **If Yes, date:** / /

Travel?

○ Yes ○ No

If Yes: **State** **County**

Foreign Country **Date** / /

Section 4. Comments/Follow-up

Comments:

Investigator Name

Agency

Phone Number - - **Date** / /