General Case Investigation Form

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Disease Under Investigation

* indicates required fields

○ *Brucellosis* ○ *Dengue Fever* ○ *Dengue Hemorrhagic Fever* ○ *Leptospirosis*

○ *Monkeypox* ○ *Psittacosis* ○ *Q Fever* ○ *Rabies, Human*

○ *Severe Acute Respiratory Syndrome (SARS)* ○ *Yellow Fever* ○ *Other, specify*_____

Investigation Status*

○ *Closed* ○ *Open* ○ *Regional Review* ○ *State Review* ○ *Superceded* ○ *Unassigned*

Case Status*

○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

Patient Information

* indicates required fields

Last Name*	**First Name***	**Middle Initial**

Street Address

City	**County**	**State**	**Zip**
		West Virginia	

Is the patient's residence a:

○ *Correctional Facility (Specify)*_____ ○ *Long Term Care Facility (Specify)*_____

○ *Shelter or Group Home (Specify)*_____ ○ *None of the above*

Home Phone ###-###-####	**Ext.**	**Other Phone** ###-###-####	**Ext.**	**Report Date** mm/dd/yyyy

Parent / Guardian Information

Last Name	**First Name**	**Middle Initial**	**Relationship to Patient**

○ *Check if address is same as above; otherwise complete guardian contact information below*

Guardian Street Address

City	**County**	**State**	**Zip**
		West Virginia	

Home Phone ###-###-####	**Ext.**	**Other Phone** ###-###-####	**Ext.**

Patient Demographic Information

* indicates required fields

Sex

○ *Male* ○ *Female* ○ *Transsexual* ○ *Unknown* ○ *Failure to report sex/missing sex* ○ *Other (Specify)* _____

Date of Birth* mm/dd/yyyy	**Age**	**Age Units** ○ *Days* ○ *Weeks* ○ *Months* ○ *Years*

Ethnicity

○ *Hispanic or Latino* ○ *Not Hispanic or Latino* ○ *Unknown* ○ *Failure to report ethnicity/missing ethnicity*

Race

(Check all that apply)

☐ *American Indian or Alaska Native*
☐ *Asian*
☐ *Black or African American*
☐ *Native Hawaiian or Other Pacific Islander* _____
☐ *White*
☐ *Unknown*
☐ *Failure to report race/missing race*
☐ *Some Other Race* _____

Outcome and Clinical Information

Date of onset of symptoms mm/dd/yyyy	**Date of diagnosis** mm/dd/yyyy

Was the patient hospitalized for the disease? ○ *Yes* ○ *No* ○ *Unknown*	**Name of Hospital**	**Date of Admission** mm/dd/yyyy

Patient outcome from this disease: ○ *Died* ○ *Survived* ○ *Unknown*	**Date of Death** mm/dd/yyyy

Clinical Case History (List clinical signs and symptoms compatible with disease)

Reporting Source

Last Name	**First Name**

Phone ###-###-####	**Ext.**	**Fax** ###-###-####

Facility

Address

City	**State** West Virginia	**Zip**

E-mail

Laboratory Data

Laboratory Name	**Address**

Phone	**Fax**

Laboratory Data cont.

Specimen Source	Collection date	Name of test	Result	Normal range
	mm/dd/yyyy			

Provider with Further Patient Information

Last Name	**First Name**	
Phone ###-###-####	**Ext.**	**Fax** ###-###-####
Address		
City	**State** West Virginia	**Zip**

Public Health Investigation

Name of Person Interviewed	**Relationship to Patient**	**Date reported to public health** mm/dd/yyyy	
Investigator	**Date public health investigation began** mm/dd/yyyy	**Health Department**	**Phone** ###-###-####
Ext.			
Investigation ID	**Part of an Outbreak?** ○ *Yes* ○ *No* ○ *Unknown*	**Outbreak Name**	**Lost to follow-up?** ○ *Yes* ○ *No*

○ *Check if epi-linked to another case and complete information below*

Last Name of Epi-linked Case	**First Name**	**DOB** mm/dd/yyyy
County	**Onset Date** mm/dd/yyyy	

Public Health Action Taken