

	()						
P A T I E N T	Last Name Fi	rst Name MI	Patient's Phone Number				
	Street Address Age: Date of Birth: Race: White Black Asian Native American		County Zip Sex: M F Hispanic: Yes No Unknown				
C O U R S E	Date of Onset:						
M E D I C A L	Circle Response (Yes, No, Unknown): Eschar Yes No Unknown If Y, Location:	Nausea/vomiting Y Diarrhea Y Abdominal pain Y Shortness of breath Y Rash Y	N UNKNOWN				
OTHER EPIDEMIOLOGY	Does the patient reside within the Texas anthrax enzootic area? Y N UNKNOWN Does the patient work with or around livestock? Y N UNKNOWN Occupation: (Give exact job, type of business or industry, location) Does the patient have a history of travel outside of home county within 15 days of onset? YES NO (If YES, document travel history) Has the patient had any contact with animal skins, furs, or hair? YES NO (If YES, describe) Have any household members experienced similar symptoms recently? YES NO (If YES, provide details)						

	Tests for	Date of specimen ==>			Laboratory name				
s		Type of test	Results	Results					
S E R									
к О				1					
L									
O G									
1									
С									
С	Specimen date	Specimen type	Results		Laboratory name				
U L									
Т									
U R									
Е									
	Test	Specimen date	Results	Specimen date	Results				
0	WBC								
T H	Diff								
E	Platelets								
R	AST								
L	ALT								
A B	Other (Specify)								
		1	[
	Туре	Date		Results					
X									
R A									
Y									
			<u>I</u>						
С									
O M									
Μ									
E N									
Т									
S									
Inves	nvestigated by: Phone: ()								

Date: