## Maryland Department of Health and Mental Hygiene Epidemiology and Disease Control Program

## Patients with Suspected Anthrax: Initial Case Information Form

Today's Dat	Phone number or beeper:
Clinical Co	 ontact
Name:	Position:
Phone:	Beeper:
Patient De	mographic Info
Name (Last,	First, MI):
Address:	County:
City, State, 2	Zip: Phone #:
Age:	(DOB: / / )
Ethnicity: A	re you Hispanic or Latino? [ ] Yes [ ] No [ ] Unknown
Race (check	all that apply): [ ] American Indian or Alaska Native [ ] Asian [ ] Other
	[ ] Black or African American [ ] White [ ] Unknown
	[ ] Native Hawaiian or other Pacific Islander
Employer:	Employer Address:
a.	Site (Please circle site & complete blanks, if appropriate)  Hart Senate Office Building
b. c.	Brentwood USPS Facility P Street Mail Facility
d.	Other mail facility: (please specify):
e.	State Department Mail Facility
f.	Other site: (please specify):
Date of Ons Date of Pres Admitted to Hospital Na	set (first symptom): / / sentation to Medical Care provider: / / the Hospital? [] Yes (Date: / / ) [] No [] Unknown me: Hospital State: Present Illness:
	(Continued on next page)

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Please check	all that ap	ply:						
[] Asymptoma	atic							
[] Fever	3	[	[ ] Myalgia			] Fatigue		
[] Cough	if so	p [] Prod	uctive or	[] Non-p	oroductive			
[ ] Hemoptysis		[] Dysp	nea	[	] Chest Pair	1	[	] SOB
[] Rhinitis								
[ ] Cutaneous	if so	[ ] Vesicular [ ] Black		] Black	[] Eschar			
		[] Eder	na	[ ]	] Adenopath	У		
Chest Xray(s)	:							
Date	Fin	dings						
	[]	[ ] Normal [ ] Infiltration				[ ] Effusions		
	[]	[ ] Wide Mediastinum				[] Pending		
	[]	[ ] Other:						
	CX	R Read by R	adiologist?	[]YES [	] NO			
<b>Chest CT Sca</b>	n:							
Date	Findings							
	[]	Normal	[]P	[ ] Pleural effusions			e Medias	tinum
	[]	Other:	[]P	[] Pending				
<u>Laboratory</u>					et namo: ada			lo )
Date	(II Oldeled	, eriter conec	lion date &	circle trie te	st riame, auc	results	ii avallab	ie.)
	WBC:		ifferential					
	<b>Cultures</b> : Pos-Positiv	•	-Not Done, I	NG-No Grov	vth, NF-Norn	nal Flora	, Pend-P	ending,
	Blood	[ ] ND	[ ] NG	[] NF	[] Pend	[]P	os:	
	Sputum	[ ] ND	[ ] NG	[] NF	[] Pend	[]P	os:	
	Nasal Swa	b [] ND	[ ] NG	[] NF	[] Pend	[]P	os:	
	Other:	Site:		Result: _				
Serum Specir	nens colle	cted for ant	hrax serolo	ogy to be d	one by CDC	?	[] Yes	[ ] No
	Acute seru	m date: [	] Yes	[ ] No	Date:	/ /		
	Convalesc	ent serum: [	] Yes	[ ] No	Date:	/ /		
<b>Additional R</b>	esults / C	omments						

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