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

Patients with Suspected Anthrax: Initial Case Information Form

Today’s Date: 
Person completing this form: 
Phone number or beeper: 

Clinical Contact
Name: 
Position: 
Phone: 
Beeper: 

Patient Demographic Info
Name (Last, First, MI):
Address: 
County: 
City, State, Zip: 
Phone #: 

Age: _____ (DOB: / / ) 
Sex: ______
Ethnicity: Are 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: 

Exposure Site (Please circle site & complete blanks, if appropriate)
  a. Hart Senate Office Building
  b. Brentwood USPS Facility
  c. P Street Mail Facility
  d. Other mail facility: (please specify): ________________________________
  e. State Department Mail Facility
  f. Other site: (please specify): ______________________________________

Symptoms & Clinical Information
Date of Onset (first symptom): / /
Date of Presentation to Medical Care provider: / /
Admitted to the Hospital? [ ] Yes (Date: / / ) [ ] No [ ] Unknown
Hospital Name: 
Hospital State: 
History of Present Illness:

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Patient Name:

Please check all that apply:

[ ] Asymptomatic
[ ] Fever [ ] Chills [ ] Myalgia [ ] Fatigue
[ ] Cough [ ] Non-productive
[ ] Hemoptysis [ ] Dyspnea [ ] Chest Pain [ ] SOB
[ ] Rhinitis

[ ] Cutaneous [ ] Vesicular [ ] Black [ ] Eschar
[ ] Edema [ ] Adenopathy

Chest Xray(s):

Date Findings
__________________________ [ ] Normal [ ] Infiltration [ ] Effusions
[ ] Wide Mediastinum [ ] Pending
[ ] Other:
CXR Read by Radiologist? [ ] YES [ ] NO

Chest CT Scan:

Date Findings
__________________________ [ ] Normal [ ] Pleural effusions [ ] Wide Mediastinum
[ ] Other: [ ] Pending

Laboratory (If ordered, enter collection date & circle the test name; add results if available.)

Date WBC: Differential:

Cultures: (Codes: ND-Not Done, NG-No Growth, NF-Normal Flora, Pend-Pending, Pos-Positive)

Blood [ ] ND [ ] NG [ ] NF [ ] Pend [ ] Pos: __________
Sputum [ ] ND [ ] NG [ ] NF [ ] Pend [ ] Pos: __________
Nasal Swab [ ] ND [ ] NG [ ] NF [ ] Pend [ ] Pos: __________
Other: Site: ________ Result: ____________________________

Serum Specimens collected for anthrax serology to be done by CDC? [ ] Yes [ ] No

Acute serum date: [ ] Yes [ ] No Date: / /
Convalescent serum: [ ] Yes [ ] No Date: / /

Additional Results / Comments

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