

Brucellosis Case Report Form

Georgia Department of Public Health

Patient Information	_____	_____	_____	(____) _____
	Last Name	First Name	MI	Patient's Home Phone Number
	_____	_____	_____	_____
	Street Address	City	County	Zip
	Age _____	Date of Birth ____/____/____	Gender: M F	
	Race: White Black Asian Native American Other _____	Hispanic: Yes No Unknown		
	Date of Onset: ____/____/____	Was patient hospitalized? Yes No If Yes , which hospital? _____		
	Date of Admission: ____/____/____	Date of Discharge: ____/____/____	Discharge Diagnosis: _____	
Recovered? Yes No Died? Yes No Date of death: ____/____/____ Sequelae? Yes No <i>If Yes, explain in additional patient information section</i>				
Duration of Current Illness (days, weeks, months) _____		Onset was: Acute Insidious Not Stated		
If recurrence, date of original onset ____/____/____		Onset was: Acute Insidious Not Stated		
Attending Physician: _____		(____) _____		
(Name)		(Phone)		
Symptoms	Circle Response (Yes, No, Unknown):			
	Fever	Y	N	Unk
	Max temp: _____ F			
	Chills	Y	N	Unk
	Headache	Y	N	Unk
	Anorexia	Y	N	Unk
	Severe Malaise	Y	N	Unk
	Sweating	Y	N	Unk
	Myalgia	Y	N	Unk
	Weakness	Y	N	Unk
	Nausea/Vomiting	Y	N	Unk
	Diarrhea	Y	N	Unk
			Abscess Y N Unk	
			Splenomegaly Y N Unk	
			Hepatomegaly Y N Unk	
			Anemia Y N Unk	
			Leukopenia Y N Unk	
			Lymphadenopathy Y N Unk	
			Abdominal Pain Y N Unk	
			Other (please list): _____	

Epidemiology	Does the patient work in the livestock industry? (i.e. Production, Meat-packing, Veterinarian etc?)			Yes No Unknown
	If Yes, please describe occupation: _____			
	Does the patient work in a clinical or research laboratory?			Yes No Unknown
	If Yes, please describe _____			
	Has the patient had any animal contact (including wild hogs) within the 6 months prior to onset of illness?			Yes No Unknown
	If Yes, circle all species that apply. Cattle Swine Goats Sheep Dogs Cats Other _____			
	Has the patient had contact with an aborting animal? Yes No Unknown If Yes, specify: _____			
Has the patient had contact with a known brucellosis infected herd of cattle, swine or goats?			Yes No Unknown	
If Yes, please describe: _____				
Has the patient consumed unpasteurized (goat or cow) milk or milk product from a U.S source?			Yes No Unknown	
If Yes, please describe (date/source) _____				
Has the patient consumed any unpasteurized (goat or cow) milk or milk product produced in another country?			Yes No Unknown	
If Yes, please describe (date/source/country) _____				

Serology	Tests for	Date of specimen →			Laboratory Name
		Type of test	Results	Results	
Culture	Specimen date	Specimen type	Species Isolated		Laboratory Name
Other Lab	Test	Specimen date	Results	Specimen Date	Results
	WBC				
	Diff				
	Platelets				
	AST				
	ALT				
	Other (Specify)				
Therapy	Dose, duration and route of administration of:				
	Tetracycline _____				
	Streptomycin _____				
	Sulfonamides _____				
	Other (please specify) _____				
Additional Patient Information	Does the patient have a history of travel outside of home county within 15 days of onset? Yes No Unknown If Yes, document travel history:				
	If patient is female, is she pregnant? Yes No Unknown				
	If Yes, week of pregnancy at onset of symptoms: _____				
	Outcome of pregnancy (circle): Live birth Date _____ Still birth Date _____				
	Spontaneous abortion Date _____ Induced abortion Date _____				
	Have any household members experienced similar symptoms recently? Yes No (If yes, please provide details)				

Investigated by: _____

Phone (____) _____

Agency: _____

Date: _____