Utah Department of Health
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Salt Lake City, UT 84114-2104
Phone (801) 538 - 6191
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Anthrax Investigation Form

Please fill in the blanks or check the answer for each question.

Print E-Form

Promote Prevent Protect
Utah Department of Health

PATIENT INFORMATION/DEMOGRAPHICS

Last Name _____ First Name _____

Street Address _____ Date of Birth _____ Age _____

City _____ Phone number _____

Zip Code _____ County _____ Date Reported _____

Gender _____ Race ☐ White ☐ Black/Af. Am ☐ Native Am. ☐ Unknown ☐ Asian ☐ Pacific Islander ☐ Native Alask.

Ethnicity ☐ Hispanic ☐ Not Hispanic ☐ Other ☐ Unknown

CLINICAL INFORMATION

Onset Date _____ Hospital _____ Hospitalized ☐ Yes ☐ No ☐ Unknown

Doctor Name _____ Contact # _____ Did patient die? ☐ Yes ☐ No ☐ Unknown

Is patient currently symptomatic? _____ ☐ Cutaneous ☐ Inhalational ☐ Gastrointestinal ☐ Other/unk

LABORATORY

Sample(s) Collected _____

Laboratory _____ Date collected _____ Preliminary Results _____

Test Performed ☐ Culture ☐ PCR ☐ Other Final Results _____

RISK FACTORS

Please check either A, B, or C

☐ A - Known exposure to unknown substance (e.g. "white powder" type incident)

☐ B - Known exposure to known substance (e.g. laboratory exposure)

Date of exposure _____ Place of exposure _____

☐ C - Unknown exposure (e.gl. patient culture positive but no symptoms OR patient with symptoms but no known exposure)

Travel history and dates:
2 weeks prior to onset _____

Occupation _____ Other possible risk factors _____

REPORTED BY

Name/Facility _____ Phone number _____ Date _____