

Draft FORM FOR INVESTIGATING SUSPECT OR CONFIRMED COCCIDIOIDOMYCOSIS

The clinical spectrum of Coccidioidomycosis can be complicated. The infection can be acute and self-limited, chronic or disseminate into the skin, joints, lymph nodes, adrenal glands, and central nervous system.

Patient Name	Last:	First:	Middle:
Date of birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date form filled out:	
State of residence:		County of residence:	
How long has resident lived in or around this county?			Date of onset:

Resident History: Try to help patient remember if they ever lived in a coccidioidomycosis endemic area

Arizona	Yes	No	Unk	From:	To:
California	Yes	No	Unk	From:	To:
Nevada	Yes	No	Unk	From:	To:
New Mexico	Yes	No	Unk	From:	To:
Texas	Yes	No	Unk	From:	To:
Utah	Yes	No	Unk	From:	To:
Outside the United States	Yes	No	Unk	From:	To:

If yes to outside the United States, where

Ethnicity/Race (mark one or more)

<input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Other	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian/Other pacific islander		<input type="checkbox"/> American Indian/Alaska Native	

Patient occupation(s)	Dates
1.	
2.	
3.	

Travel History: Has the patient recently traveled through a coccidioidomycosis endemic area?

Arizona	Yes	No	Unk	Dates:
California	Yes	No	Unk	Dates:
Nevada	Yes	No	Unk	Dates:
New Mexico	Yes	No	Unk	Dates:
Utah	Yes	No	Unk	Dates:
Texas	Yes	No	Unk	Dates:
Outside the United States	Yes	No	Unk	Dates:

If yes to outside the United States, where

Recreational History: Please document if the patient engaged in any recreational activities in an endemic area

Biking	Yes	No	Unk	Dates:	Location:
Driving ATVs	Yes	No	Unk	Dates:	Location:
4-wheel drive vehicles	Yes	No	Unk	Dates:	Location:
Any type of digging	Yes	No	Unk	Dates:	Location:
Hiking	Yes	No	Unk	Dates:	Location:
Camping	Yes	No	Unk	Dates:	Location:
Other	Yes	No	Unk	Dates:	Location:

Risk factors: Please list any known risk factors

Transplant recipient	Yes	No	Unk	Pre-existing cardiopulmonary disease	Yes	No	Unk
HIV/AIDS	Yes	No	Unk	Third trimester pregnancy	Yes	No	Unk
Diabetes	Yes	No	Unk	Adrenal Corticosteroid therapy	Yes	No	Unk

Clinical Data Coccidioidomycosis previous testing

Has the patient ever been tested for Coccidioidomycosis before?	Yes	No	Unk
If the patient answered yes, indicate test results:			

