State of California—Health and Human Services Agency

California Department of Public Health
Surveillance & Statistics Section
P.O. Box 997377, MS 7306
Sacramento, CA 95899-7377

CASE REPORT

❒ **TYPHUS FEVER**
❒ **RELAPSING FEVER**

Patient name–last	first	middle initial	Date of birth	Age	Sex

Address–number, street	City	State	County	ZIP code

Telephone number
Home ( ) Work ( )

RACE (check one)
❒ African-American/Black ❒ White ❒ Native American ❒ Asian/Pacific Islander ❒ Other

ETHNICITY (check one)
❒ Hispanic/Latino ❒ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one: ❒ Asian Indian ❒ Cambodian ❒ Chinese ❒ Filipino ❒ Guamanian ❒ Hawaiian ❒ Japanese ❒ Korean ❒ Laotian ❒ Samoan ❒ Vietnamese ❒ Other _____

PRESENT ILLNESS

Date of onset	Was patient hospitalized?	For relapsing fever, total number febrile attacks.
	❒ No ❒ Yes, name of hospital_____	Pretherapy _____ Posttherapy _____

Brief clinical description, including description of rash and date of appearance

Specific therapy (specify product)	Dates	Outcome of case
	First dose _____ Last dose _____	❒ Recovered _____ ❒ Died—Date _____

DIAGNOSTIC TESTS

Type of Test	Date Collected	Results	Name and Address of Laboratory
IFA			
EIA			
Western blot			
Blood smear Thick film			
Thin film			
Mouse Inoculation			
Other tests (specify)			

PROBABLE SOURCE OF INFECTION

Occupation (give exact job) and kind of business or industry at date of onset	Name of employer (name of company, firm, or owner)

Address at place of employment—number, street (name of valley, canyon, or nearest town)	City	State	ZIP code

History of insect bites
❒ Tick bites Date (mm/dd/yy) _____
❒ Flea bites Date (mm/dd/yy) _____
❒ Other insect bites Date (mm/dd/yy) _____

Presence of the following at home	Presence of the following at place of employment
❒ Rodents ❒ Cats ❒ Opossums ❒ Fleas	❒ Rodents ❒ Cats ❒ Opossums ❒ Fleas

Whereabouts of patient, including trips or visits, within three weeks of onset, giving places, dates, and type of premises (house, cabin, tent, lodge, etc.)	Presence of rodents and infestation
	❒ No ❒ Yes

REMARKS

Investigator name (print)	Date	Telephone number
		( )

Agency name