**Bacterial Meningitis – Supplemental Case Questions**

**California Department of Public Health**

| 1. CalREDIE number:
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| --- |
| 1. Organism identified in CSF:
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| 1. Where patient was hospitalized:
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| 1. History of head injury or trauma\*

[ ]  Yes [ ]  No [ ]  UnknownIf yes, specify type of injury or trauma:      Date (if known):       |
| 1. History of brain or ear surgery\* (excluding tympanostomy tube implantation)

[ ]  Yes [ ]  No [ ]  UnknownIf yes, specify type of surgery:      Date (if known):       |
| 1. History of spinal injection\*(s)

[ ]  Yes [ ]  No [ ]  UnknownIf yes, name of medication (if known):      Date of last injection (if known):       |

\*Please answer “No” if patient history and physical is reviewed and there is no mention of head injury/trauma, brain/ear surgery, or spinal injections. Please answer “Unknown” if there is no history and physical, e.g., patient was not admitted, or if the history and physical is not available for review.

* Questions? Please contact Erin Murray at CDPH: 510-620-3782 or erin.murray@cdph.ca.gov
* Fax form to 510-620-3949 or scan and email to: erin.murray@cdph.ca.gov

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