**Bacterial Meningitis – Supplemental Case Questions**

**California Department of Public Health**

| 1. CalREDIE number: |
| --- |
| 1. Organism identified in CSF: |
| 1. Where patient was hospitalized: |
| 1. History of head injury or trauma\*   Yes  No  Unknown  If yes, specify type of injury or trauma:  Date (if known): |
| 1. History of brain or ear surgery\* (excluding tympanostomy tube implantation)   Yes  No  Unknown  If yes, specify type of surgery:  Date (if known): |
| 1. History of spinal injection\*(s)   Yes  No  Unknown  If 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](mailto:erin.murray@cdph.ca.gov)
* Fax form to 510-620-3949 or scan and email to: [erin.murray@cdph.ca.gov](mailto:erin.murray@cdph.ca.gov)

Revised July 2017