**California Department of Public Health**

**Measles source identification worksheet, March 2014**

**Use for measles cases without an obvious source of infection**

Patient Name: Name of Investigator:

Date of Birth: Investigator Phone Number:

Rash Onset Date: County:

Patient Phone Number:

If measles patient had no known travel outside of North or South America or known contact with travelers from outside of North or South America within the *21 days* prior to rash onset, did the patient visit any of the following locations?

If **YES**, Please include the date(s) patient visited and a brief description.

**Healthcare setting** (Traveled alone or accompanied/visited another person)

**[ ] Yes [ ] No** ER **/      /**

**[ ] Yes [ ] No** Hospital **/      /**

**[ ] Yes [ ] No** Primary care doctor**/      /**

**[ ] Yes [ ] No** Urgent Care**/      /**

**[ ] Yes [ ] No** Community Health Clinic**/      /**

**[ ] Yes [ ] No** Commercial lab blood draw station**/      /**

**[ ] Yes [ ] No** Chiropractor **/      /**

**[ ] Yes [ ] No** Naturopath**/      /**

**[ ] Yes [ ] No** Traditional Chinese Medicine Practitioner**/      /**

**[ ] Yes [ ] No** Acupuncture **/      /**

**[ ] Yes [ ] No** Chemotherapy clinic**/      /**

**[ ] Yes [ ] No** Dentist/Orthodontist**/      /**

**[ ] Yes [ ] No** Dialysis clinic**/      /**

**[ ] Yes [ ] No** Skilled nursing facility/nursing home**/      /**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ] Yes [ ] No** Specialist medical office (OBGYN/Oncologist /Cardiologist etc.) **/      /**

**[ ] Yes [ ] No** Pharmacy **/      /**

**Public Setting**

**[ ] Yes [ ] No** Airport **/      /**

**[ ] Yes [ ] No** Bar/Club**/      /**

**[ ] Yes [ ] No** Casino **/      /**

**[ ] Yes [ ] No** Church/Temple/Synagogue **/      /**

**[ ] Yes [ ] No** College/University Campus**/      /**

**[ ] Yes [ ] No** Concert**/      /**

**[ ] Yes [ ] No** Cruise ship**/      /**

**[ ] Yes [ ] No** Fairs/Festivals**/      /**

**[ ] Yes [ ] No** Golf Course**/      /**

**[ ] Yes [ ] No** Hotel/Motel/Hostel**/      /**

**[ ] Yes [ ] No** Military base **/      /**

**[ ] Yes [ ] No** Museums**/      /**

**[ ] Yes [ ] No** Public transportation**/      /**

**[ ] Yes [ ] No** Seminar/conference **/      /**

**[ ] Yes [ ] No** Shopping malls**/      /**

**[ ] Yes [ ] No** Department store **/      /**

**[ ] Yes [ ] No** Spa/salon/massage/manicure**/      /**

**[ ] Yes [ ] No** Sports arena**/      /**

**[ ] Yes [ ] No** Theater (Play or movie) **/      /**

**[ ] Yes [ ] No** Theme parks (Adventure Park, Zoo, Aquarium) **/      /**

**[ ] Yes [ ] No** Vacation Resort (Ski/Beach etc.) **/      /**

**[ ] Yes [ ] No** Work (Do others at work travel internationally?) **/      /**

**[ ] Yes [ ] No** Special event/party/wedding **/      /**

**[ ] Yes [ ] No** Local tourist attraction **/      /**

**[ ] Yes [ ] No** Post office **/      /**

**[ ] Yes [ ] No** Grocery store **/      /**

**[ ] Yes [ ] No** Restaurant/coffee shop **/      /**

**Notes:**

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