

# MDCH Supplemental EVD Case Investigation Form

Date form completed: / / \_\_\_\_\_ Completed by: \_\_\_\_\_

Agency Name: \_\_\_\_\_

## Patient Information:

MDSS#: \_\_\_\_\_ CDC PUI# \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

DOB / / \_\_\_\_\_ Sex \_\_\_\_\_ (M/F)

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Date of illness onset: / / \_\_\_\_\_

Hospitalized: Y/N Date of Hospitalization: / / \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Precautions: (Check all that apply)

- Standard
- Contact
- Droplet
- Other \_\_\_\_\_

Name of attending physician: \_\_\_\_\_

Contact information of physician: \_\_\_\_\_ (office) \_\_\_\_\_ (cell/page)

\_\_\_\_\_ (email)

Is suspect case a healthcare worker?: Y/N

## Clinical Signs & Symptoms: (check all that apply)

- |   |   |
|---|---|
| <input type="radio"/> Fever ( _____ °F) | <input type="radio"/> Diarrhea            |
| <input type="radio"/> Malaise           | <input type="radio"/> Rash                |
| <input type="radio"/> Myalgia           | (describe _____)                          |
| <input type="radio"/> Headache          | _____)                                    |
| <input type="radio"/> Abdominal pain    | <input type="radio"/> Petechiae           |
| <input type="radio"/> Nausea            | <input type="radio"/> Hemorrhage (specify |
| <input type="radio"/> Vomiting          | sites: _____)                             |

## Clinical Findings:

- Thrombocytopenia (<150,000 cells/ $\mu$ l): Date \_\_/\_\_/\_\_
- Hepatic Failure: Date \_\_/\_\_/\_\_; AST\_\_\_\_, ALT\_\_\_\_, ALK PHOS\_\_\_\_, T. Bili\_\_\_\_\_
- Acute Kidney Disease: Date \_\_/\_\_/\_\_(BUN\_\_\_\_, Creatinine\_\_\_\_\_)
- Impaired Coagulation: Date \_\_/\_\_/\_\_(INR\_\_\_\_\_)
- Other\_\_\_\_\_

## Travel and Exposure History:

Travel History in 3 weeks prior to illness onset (location and dates):

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**High risk** EVD exposure in 21 days prior to illness onset?  Yes  No  Unknown

Check all that apply:

- Percutaneous (e.g. needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic
- Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)
- Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions
- Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission
- Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic

**Some Risk** EVD exposure in 21 days prior to illness onset?  Yes  No  Unknown

Check all that apply:

- In countries with widespread Ebola transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic,
- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic
  - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic

**Low (but not zero) risk** EVD exposure in the 21 days prior to illness onset:  Yes  No  Unknown

Check all that apply:

- Having been in a country with widespread Ebola virus transmission within the past 21 days and having had not known exposures
- Having brief direct contact (e.g., shaking hands) while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease
- Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic
- In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic
- Traveled on an aircraft with a person with Ebola while the person was symptomatic.

**Patient Contacts**

Use table below to record close contacts of the patient, and their contact information

<b>Patient contacts table</b>				
<b>Name:</b>	<b>Relationship/Contact Type:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Notes:</b>

**Notes:** \_\_\_\_\_