

NJDOH ANTHRAX INVESTIGATION WORKSHEET

MR #: _____

CDRSS #: _____

Demographics			
Patient Last Name		First Name	DOB: _____ / _____ / _____
Address		City	Phone number
Municipality			
Ethnicity Hispanic Non-Hispanic Unknown	Race White Black Asian Pacific Islander American Indian or Alaskan Native Unknown		
Occupation		Industry / work setting	

Clinical Status	
Was the patient hospitalized because of this illness? Yes No Unknown Hospital: _____ Admitted: ____ / ____ / ____ Discharged: ____ / ____ / ____	Did the patient die because of this illness? Yes No Unknown If yes, specify date of death: ____ / ____ / ____
Treating physician Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Lab contact information Name of lab: _____ Point of contact at lab: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Select a response for each sign or symptom below and include onset/resolution dates					
Sign/Symptom	Response			Onset Date	Resolution Date
Body aches	Yes	No	Unk.		
Chest discomfort	Yes	No	Unk.		
Chills	Yes	No	Unk.		
Confusion or dizziness	Yes	No	Unk.		
Cough	Yes	No	Unk.		
Extreme tiredness	Yes	No	Unk.		
Fainting	Yes	No	Unk.		
Fever Specify:	Yes	No	Unk.		
Flushing (red face) and red eyes	Yes	No	Unk.		
Headache	Yes	No	Unk.		
Hoarseness	Yes	No	Unk.		
Nausea	Yes	No	Unk.		
Painful swallowing	Yes	No	Unk.		
Pruritus	Yes	No	Unk.		
Sepsis/Septicemia	Yes	No	Unk.		
Shortness of breath	Yes	No	Unk.		
Sore throat	Yes	No	Unk.		
Stomach pains	Yes	No	Unk.		
Sweats	Yes	No	Unk.		
Swelling of abdomen	Yes	No	Unk.		
Swelling of neck or neck glands	Yes	No	Unk.		
Vomiting	Yes	No	Unk.		

Additional signs:				Description (e.g. location, size, tenderness, erythema, eschar etc.):	
Abscess deep under the skin	Yes	No	Unk.		
Acute mediastinitis	Yes	No	Unk.		

Additional signs:				Description (e.g. location, size, tenderness, erythema, eschar etc.):
Depressed black eschar	Yes	No	Unk.	
Meningoencephalitis	Yes	No	Unk.	
Pleural effusion	Yes	No	Unk.	
Skin lesions	Yes	No	Unk.	
Rash	Yes	No	Unk.	
Lymphadenopathy	Yes	No	Unk.	
Other signs/symptoms (specify):				
Risk Factors				
Was the patient exposed to an unidentified white powder?				Yes No Unk.
Did the patient recently travel to an area endemic for Anthrax?				Yes No Unk.
Did patient have contact with animal skins, wool, hides or other animal tissues?				Yes No Unk.
Did the patient work with Bongo drum animal hides or participate in a drum circle?				Yes No Unk.
Did patient have contact with spore (potentially) contaminated bone meal used for gardening?				Yes No Unk.
Did the patient or relatives report possible exposure to dead animals and animal products such as wool or hair?				Yes No Unk.
Did patient have contact with spore (potentially) contaminated soil?				Yes No Unk.
Did the patient have direct or indirect contact with carcasses of animals that died from Anthrax?				Yes No Unk.
Was patient exposed to Anthrax during an accidental laboratory exposure?				Yes No Unk.
Describe any YES responses:				
Diagnostic Testing				
Was a chest x-ray preformed?	Yes	No	Unk.	Was a culture preformed? Yes No Unk.
Date: _____				Collection Date: _____
Findings:				Findings within 24 hours:
Provide any additional information on pertinent diagnostic testing:				
Treatment - List all antibiotics received and dates of initiation and discontinuation				
Antibiotic	Start date		End date	
Additional Case Notes				