INVESTIGATION/OUTBREAK INTAKE RECORD

The intended use of this form is to assist disease investigators in collecting initial information from individuals calling to report outbreaks or other significant public health events. The intake record can be used to assist investigators to get important information on the initial phone call. This information can then be conveyed to NJDOH. Please remember that outbreaks and immediately reportable conditions defined by NJAC 8:57 should be reported via telephone when the report is received. Fax or email is not an acceptable mechanism to report these events.

### REPORTED BY

- **Local Health Department**
- **IP**
- **School Nurse**
- **LTC**
- **Physician**
- **Other:**

Organization Name: ____________________________
Contact Person: ____________________________ Phone #: ______-______ Fax #: ______-______
City: ____________________________ County: ____________________________ Email: ____________________________
Jurisdiction: ____________________________

### EVENT

- **Gastrointestinal Illness**
- **Respiratory**
- **Rash**
- **Other:**

Associated Location: ____________________________
Name: ____________________________
Street Address: ____________________________
City: ____________________________ Zip: ______ County: ____________________________
Contact: ____________________________
Phone #: ______-______ Fax #: ______-______ Email: ____________________________

### SYMPTOMS

**Common Symptoms**

**LABORATORY INFORMATION**

- **Requested Labs:** ____________________________
- **Laboratory Sent to:** ____________________________
- **Date of Test:** ______-______
- **# Specimens:** ____________________________
- **Type of Specimen:** ____________________________
- **Result:** ____________________________

**INVESTIGATION**

- **Travel History**
- **ID close contacts/Exposed**
- **Line List**
- **Surveillance/Case Finding**

**CONTROL MEASURES RECOMMENDED / IMPLEMENTED**

- **Closure to New Admissions**
- **Chemoprophylaxis/Vaccination**
- **Quarantine/Isolation**
- **Cohorting of Ill/Staff**
- **Restricted Access/Movement**
- **Other:** ____________________________
- **Education/Inservice**
- **Environmental Remediation**
- **Infection Control Precautions**

Investigative Plans/Recommendations:

Other Agencies Involved/Notified: