

Facility Name		Reported By				Telephone/Email				Report Date				
Initials	Location(s) Worked Prior to Treatment	Usual Job Duties (e.g., patient care, housekeeping)	Symptom Date Onset	Symptoms				MD Diagnosed (Y/N)	Confirmatory Diagnostic Testing		Treatment			Comments
				Burrows	Rash	Severe Itching	Skin Excoriation		Skin Scraping	Test Date	Treatment Done	Initial Treatment Date	Repeat Treatment Date	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														