

**New Jersey Department of Health
Communicable Disease Service
PO 369
Trenton, NJ 08625-0369**

INVESTIGATION/OUTBREAK INTAKE RECORD

E - _____ - _____
Date Reported to LHD: ____/____/____
Date Reported to NJDOH: ____/____/____

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	
<input type="checkbox"/> Local Health Department <input type="checkbox"/> IP <input type="checkbox"/> School Nurse <input type="checkbox"/> LTC <input type="checkbox"/> Physician <input type="checkbox"/> Other: _____ Organization Name: _____ Contact Person: _____ Phone #: _____ - _____ - _____ Fax #: _____ - _____ City: _____ County: _____ Email: _____ Jurisdiction: _____	
EVENT	
<input type="checkbox"/> Gastrointestinal Illness <input type="checkbox"/> Respiratory <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____	Describe Situation:
Associated Location: Name: _____ Street Address: _____ City: _____ Zip: _____ County: _____ Contact: _____ Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____ Email: _____	Location: <input type="checkbox"/> School/University <input type="checkbox"/> Daycare <input type="checkbox"/> LTC <input type="checkbox"/> Acute Care Facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other: _____
SYMPTOMS	LABORATORY INFORMATION
Common Symptoms Date of Symptom Onset: First Onset Date: ____ / ____ / ____ Most Recent Onset Date: ____ / ____ / ____ Duration of Symptoms: _____ Incubation Period (if known): _____ # Total Population: _____ # Ill Population: _____ # Staff: _____ # Ill Staff: _____ # Hospitalized: _____ # Died: _____	Requested Labs: _____ Laboratory Sent to: _____ Date of Test: _____ # Specimens: _____ Type of Specimen: _____ Result: _____
INVESTIGATION	CONTROL MEASURES RECOMMENDED / IMPLEMENTED
<input type="checkbox"/> Travel History <input type="checkbox"/> ID close contacts/Exposed <input type="checkbox"/> Line List <input type="checkbox"/> Surveillance/ Case Finding	<input type="checkbox"/> Closure to New Admissions <input type="checkbox"/> Restricted Access/Movement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chemoprophylaxis/Vaccination <input type="checkbox"/> Education/Inservice <input type="checkbox"/> Quarantine/Isolation <input type="checkbox"/> Environmental Remediation <input type="checkbox"/> Cohorting of Ill/Staff <input type="checkbox"/> Infection Control Precautions
Investigative Plans/Recommendations: 	
Other Agencies Involved/Notified: 	