## NJDOH Q FEVER INVESTIGATION WORKSHEET

NJDOH Q FEVER	INVESTI	GATION	WORKS	HEET		М	R #:	CDRS	SS #:		
Demographics											
Patient Last Name		First Nam	е		DOI	В:		Phone number			
						_ /	_/				
Address					City			Municipality			
Ethnicity Race White Black Non-Hispanic Unknown Unknown				Asian Pacific Islander American Indian or Alaskan Native				an Native			
Occupation Veterinarian Dairy Wool or felt plant Laboratory worker Live in a household with a person occupationally related Other, specify						Rancher Tannery or rendering plant Slaughterhouse worker Animal research Medical research					
Physician and Facility	Information	on									
Treating physician						Facility (if hospitalized)					
Name:					Name of facility:						
Address:											
Phone: Fax:					Date of discharge://						
Email:					Dad patient die due to this illness? Yes No Unk Date of death://						
Clinical Status					<u> </u>						
Sign/Symptom	Response			С	Onset Additional required information						
Abdominal pain	Yes	No	Unk	/_	/						
Chills	Yes	No	Unk	/_	/						
Cough	Yes	No	Unk	/_	/						
Difficulty breathing	Yes	No	Unk	/_	/						
Endocarditis	Yes	No	Unk	/_	/_		Describe:				
Fever	Yes	No	Unk	/_	/_		Tmax:F				
Hepatitis	Yes	No	Unk	/_	/_						
Liver enlargement	Yes	No	Unk	/_	/						
Malaise	Yes	No	Unk	/_	/_						
Myalgia	Yes	No	Unk	/_	/						
Nausea	Yes	No	Unk	/_	/_						
Osteomyelitis	Yes	No	Unk	/_	/_						
Pneumonia	Yes	No	Unk	/_	/_		Describe:				
Rash	Yes	No	Unk	/_	/		Describe:				
Severe retrobulbar headache	Yes	No	Unk	/_	/						
Spleen enlargement	Yes	No	Unk	/_	/						
Sweats (night)	Yes	No	Unk	/_	/						
Thrombocytopenia	Yes	No	Unk	/_	/_						
Additional signs/symp	otoms:					Alteri	nate Diagnosis:				

Has this ir	nfection of (	Q Fever persist	ted more th		Yes No	Unk					
Any pre-existing medical conditions?											
Immunocompromised					Pregnancy						
	specify con	dition(s)			Other specify						
specify condition(s)					Unknown						
Risk facto	re										
In the 2 months prior to illness onset, did the patient have a tick bite?											
Yes No Unk Date of bite: /											
In the 2 months prior to illness onset, did the patient work on or visit a farm?											
Works on a farm Visited a farm						Did not work on or visit a farm Unknown					
Address ar	nd date(s) of	visit:									
	, ,		ntact within	n 2 months of illr	iess on	set?					
Animal	polises for	Response	itact within	Date of first c			ontact	Location			
Cattle	Yes	No	Unk								
Sheep	Yes	No	Unk								
Goats	Yes	No	Unk								
Pigeons	Yes	No	Unk								
Cats	Yes	No	Unk								
Rabbits	Yes	No	Unk								
Other:					_						
In the 2 months prior to illness onset, did the patient have an exposure to birthing animals?  Yes, specify animal(s)					In the 2 months prior to illness onset, did the patient consume unpasteurized milk/milk products?  Yes						
First e	xposure:	//				Type of milk p	roduct				
Last e	xposure:	////			Name of milk product						
						Where was the milk product purchased?					
No Unknown				Date of first consumption: / / Date of last consumption: / /							
140		OTIKITOWIT			No Unknown						
In the 12 months prior to illness onset, did the patient travel outside of New Jersey?  Yes  Location:					In the 12 months prior to illness onset, did the patient have other family members with similar illness?  Yes Date(s) of contact: / / to / /						
Date of departure: / /					No Unknown						
No Unknown											
Case Notes											