

Brucellosis Case Report Form

Georgia Division of Public Health

Patient Information	Last Name	First Name	MI	(____) _____ Patient's Home Phone Number
	Street Address	City	County	Zip
	Age _____	Date of Birth ____/____/____	Gender: M F	
	Race: White Black Asian Native American Other _____		Hispanic: Yes No Unknown	
	Date of Onset: ____/____/____ Was patient hospitalized? Yes No If Yes, which hospital? _____			
	Date of Admission: ____/____/____ Date of Discharge: ____/____/____ Discharge Diagnosis: _____			
	Recovered? Yes No Died? Yes No Date of death: ____/____/____ Sequelae? Yes No <i>If Yes, explain in additional patient information section</i>			
	Duration of Current Illness (days, weeks, months) _____ Onset was: Acute Insidious Not Stated If recurrence, date of original onset ____/____/____ Onset was: Acute Insidious Not Stated			
Attending Physician: _____		(____) _____		
		(Name)	(Phone)	
Symptoms	Circle Response (Yes, No, Unknown):			
	Fever	Y	N	Unk
	Max temp: _____ F			
	Chills	Y	N	Unk
	Headache	Y	N	Unk
	Anorexia	Y	N	Unk
	Severe Malaise	Y	N	Unk
	Sweating	Y	N	Unk
	Myalgia	Y	N	Unk
	Weakness	Y	N	Unk
Nausea/Vomiting	Y	N	Unk	
Diarrhea	Y	N	Unk	
	Abscess	Y	N	Unk
	Splenomegaly	Y	N	Unk
	Hepatomegaly	Y	N	Unk
	Anemia	Y	N	Unk
	Leukopenia	Y	N	Unk
	Lymphadenopathy	Y	N	Unk
	Abdominal Pain	Y	N	Unk
	Other (please list):	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
Epidemiology	Does the patient work in the livestock industry? (i.e. Production, Meat-packing, Veterinarian etc?) Yes No Unknown			
	If Yes, please describe occupation: _____			
	Does the patient work in a clinical or research laboratory? Yes No Unknown			
	If Yes, please describe _____			
	Has the patient had any animal contact (including wild hogs) within the 6 months prior to onset of illness? Yes No Unknown			
	If Yes, circle all species that apply. Cattle Swine Goats Sheep Dogs Cats Other _____			
	Has the patient had contact with an aborting animal? Yes No Unknown If Yes, specify: _____			
Has the patient had contact with a known brucellosis infected herd of cattle, swine or goats? Yes No Unknown				
If Yes, please describe: _____				
Has the patient consumed unpasteurized (goat or cow) milk or milk product from a U.S source? Yes No Unknown				
If Yes, please describe (date/source) _____				
Has the patient consumed any unpasteurized (goat or cow) milk or milk product produced in another country? Yes No Unknown				
If Yes, please describe (date/source/country) _____				

Serology	Tests for	Date of specimen →			Laboratory Name
		Type of test	Results	Results	
Culture	Specimen date	Specimen type	Species Isolated		Laboratory Name
Other Lab	Test	Specimen date	Results	Specimen Date	Results
	WBC				
	Diff				
	Platelets				
	AST				
	ALT				
	Other (Specify)				
Therapy	Dose, duration and route of administration of:				
	Tetracycline _____				
	Streptomycin _____				
	Sulfonamides _____				
	Other (please specify) _____				
Additional Patient Information	Does the patient have a history of travel outside of home county within 15 days of onset? Yes No Unknown If Yes, document travel history:				
	If patient is female, is she pregnant? Yes No Unknown				
	If Yes, week of pregnancy at onset of symptoms: _____				
	Outcome of pregnancy (circle): Live birth Date_____ Still birth Date_____				
	Spontaneous abortion Date_____ Induced abortion Date_____				
	Have any household members experienced similar symptoms recently? Yes No (If yes, please provide details)				

Investigated by: _____

Phone (____) _____

Agency: _____

Date: _____