

Anthrax Rapid Assessment Worksheet

(Please refer to the Disease investigation Guideline for additional guidance.)

Patient Name: _____ **DOB:** ___/___/___ **KS-EDSS ID:** _____

Date of Onset: ___/___/___ First Symptom experienced: _____

Status: Hospitalized; Location: _____ Admit: ___/___/___ Discharge: ___/___/___

Died; date of death: ___/___/___

Other; describe: _____

Symptom Information

Symptoms	Yes	No	Unk.	Comments / Specifics
Fever				Max. temp: _____
Headache				
Malaise, severe				
Myalgia				
Stiff Neck				
Abdominal Pain				
Nausea				
Vomiting				
Diarrhea				
Eschar				Location: _____
Edema (swelling)				Location: _____
Lymphadenopathy				Location: _____
Other Skin lesions / Rashes				Describe: _____
Abnormal chest x-ray				Describe: _____
Breathing difficult (Shortness of Breath)				
Cough unproductive				
Upper respiratory symptoms				
Other symptoms (list): _____				

Initial Laboratory Testing

Test Type	Specimen	Collection Date	Laboratory	Obtain Copy of Results
				If not previously reported, fax copies of any results to 877-427-7318.

Notes on Approved Specimen Testing at KHEL:

1. Contact at KHEL: _____ Date: ___/___/___ Time: _____

2. Additional Contacts:

_____ Phone _____

_____ Phone _____

3. Details on specimen being sent (i.e., type, where, when, how):

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Initial Information to Collect (Activities 6 weeks before onset)

Initial questions	Yes	No	Unk.	If yes, describe
1. Is any information available on the patient's occupation?				(Exact duties, type of business/industry and location)
2. Does the patient work with or around livestock?				
3. Has the patient had any contact with animal skins, furs, hair, or bone products?				
4. Has the patient traveled outside of the county within the last 6 weeks?				If yes, document travel history.
5. Prior military service?				If yes, date of release __/__/__; last duty location:
6. For GI symptoms, has the patient eaten any undercooked meat?				
7. If no additional risk factors are identified, review patient activities the past 6 weeks. Has the patient: <ul style="list-style-type: none"> a. Attended large gathers or special events? b. Received unusual letters or packages? c. Had contact with unusual powders, dusts or aerosols? d. Opened mail for others? e. Visited or had recent contact with a person who works at a major media outlet? f. Had recent contact or visited an elected official or government office? 				
8. Have any household members or close contacts experienced similar symptoms recently?				If yes, use general investigation contact form for documentation.

Additional Comments/Notes (i.e., Notifications, Contact information, Pending actions):
