



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR DISEASE PREVENTION  
**RECORD OF INVESTIGATION OF DIPHTHERIA**

CHECK PRELIMINARY DIAGNOSIS <input type="checkbox"/> CLINICAL CASE <input type="checkbox"/> CARRIER <input type="checkbox"/> SUSPECT					DATE		
PATIENT'S NAME					AGE	SEX	RACE
STREET ADDRESS OR RFD			CITY OR TOWN		COUNTY		
PREVIOUS ADDRESS (IF SIGNIFICANT)					DATE MOVED		
PLACE EMPLOYED OR SCHOOL ATTENDED			OCCUPATION				
DATE OF ONSET	DATE REPORTED	HOW DID YOU FIRST LEARN OF THIS CASE?				DATE	
PATIENT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	ATTENDING PHYSICIAN					
NAME OF HOSPITAL			HOSPITAL PHYSICIAN				
CHIEF CLINICAL SYMPTOMS WITH DATES							
_____							
_____							
_____							
_____							
_____							
_____							
_____							
TREATMENT (TYPE, AMOUNT, DATES)							
_____							
_____							
<b>BACTERIOLOGICAL RESULTS OF NOSE AND THROAT CULTURES FROM PATIENT</b>							
DATE COLLECTED	RESULTS		DATE COLLECTED	RESULTS		NAME OF LABORATORY	
	CULTURE	VIRULENCE		CULTURE	VIRULENCE		
<b>RELEASE SPECIMENS</b>							
DIPHTHERIA IMMUNIZATION? INOCULATIONS AND DATES					DATE OF BOOSTER		
SEVERITY OF DISEASE			WAS ANTITOXIN GIVEN PATIENT?		DATE		

Are there other associated cases?  Yes  No

If yes, how many, and how associated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Sanitation:  Good  Fair  Poor

Milk Supply \_\_\_\_\_

Other Milk Products \_\_\_\_\_

Other Pertinent Epidemiological Data: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACTS (Household and Other)**

NAME AND ADDRESS	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	BACTERIOLOGICAL EXAMINATION		
					DATE	CULTURE	VIRULENCE TEST

NARRATIVE AND FOLLOW-UP NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROBABLE SOURCE

RECOVERED  DIED      DATE OF DEATH      CAUSE OF DEATH

INVESTIGATED BY      FINAL DIAGNOSIS

NAME OF AGENCY      DATE