MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

RECORD OF INVESTIGATION OF CRYPTOSPORIDIOSIS INFECTION

(INDIVIDUAL CASE HISTORY)

NAME		AGE	SEX	RACE
PARENTS NAME IF NOT ADULT		HOME PHONE		WORK PHONE
ADDRESS	CITY OR TOWN	COUNTY		ZIP
PLACE EMPLOYED OR SCHOOL/DAY CARE ATTENDED	OCCUPATION			
Did individual become ill? ☐ Yes ☐ No	IF YES, DATE AND HOUR OF ONSET			
Was a physician consulted? ☐ Yes ☐ No	NAME OF PHYSICIAN			PHONE
Was patient hospitalized? ☐ Yes ☐ No	NAME OF HOSPITAL			
Is patient immunocompromised? ☐ Yes ☐ No	Death? ☐ Yes ☐ No	Still ill? ☐ Yes ☐ No		
DURATION OF ILLNESS (DATE AND HOUR FEELING BETTER)				

WHICH OF THE FOLLOWING SYMPTOMS DID INDIVIDUAL HAVE (CHECK YES OR NO)

Diarrhea ☐ Yes ☐ No		Chills ☐ Yes ☐ No	
Watery ☐ Yes ☐ No		Fever ☐ Yes ☐ No	
# Stools in 24 hr. period _____		Malaise ☐ Yes ☐ No	
Nausea ☐ Yes ☐ No		Anorexia ☐ Yes ☐ No	
Vomiting ☐ Yes ☐ No		Other _____	
Cramps ☐ Yes ☐ No		Other _____	

TREATMENT (TYPE, AMOUNT, DATES)

LABORATORY TESTS AND RESULTS

SPECIMEN	DATE COLLECTED	RESULTS	SPECIMEN	DATE COLLECTED	RESULTS

Did the individual have any of the following exposures during the two weeks prior to onset of illness?

Drink from any untreated waters (e.g., cistern, stream, spring, river, lake)? ☐ Yes ☐ No

If yes, where? _____

Swim or participate in recreational activities in a stream, river, lake, or pond? ☐ Yes ☐ No

If yes, where? _____

Type of activity: (e.g., wade, swim, water ski, work, play) _____

Swim in a swimming pool? ☐ Yes ☐ No

If yes, where? _____ Observed conditions: _____

Exposure to rodents, cats, dogs, birds, reptiles, fish, farm livestock, poultry or their manure? ☐ Yes ☐ No

If yes, describe: _____

(Continued on reverse side)

Recent travel? ☐ Yes ☐ No

If yes, where? _____

Household water supply _____

Household sewage disposal _____

Is food a suspect source of illness? ☐ Yes ☐ No

If yes, date and hour eaten _____

Source of food (e.g., restaurant, picnic) _____

Use the CD-2C (1-92) Record of Investigation of Enteric Illness to gather a food history for the 7 days prior to illness. (Use the CD-2C form to collect only food history data. Attach the food history data to this form.)

List household contacts, other close contacts, and those who had exposure to suspect source of illness (Complete a separate form for each ill contact)

NAME AND ADDRESS	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS	ONSET DATE	LAB CONFIRMED	EXPOSED TO SUSPECT SOURCE	COMMENTS
				☐ YES ☐ NO			☐ YES ☐ NO	
				☐ YES ☐ NO			☐ YES ☐ NO	
				☐ YES ☐ NO			☐ YES ☐ NO	
				☐ YES ☐ NO			☐ YES ☐ NO	
				☐ YES ☐ NO			☐ YES ☐ NO	
				☐ YES ☐ NO			☐ YES ☐ NO	

PROBABLE PLACE OR SOURCE OF ILLNESS

COMMENTS/FOLLOWUP

INVESTIGATED BY	DATE

NAME OF AGENCY