

E: Source of infection

- 1. Food – specify: _____
- 2. Water – specify: _____
- 3. Person to person
- 4. Other – specify: _____
- 5. Unknown

Transmission setting

- 1. Unknown
- 2. Day care
- 3. School
- 4. Hospital
- 5. Travel*
- 6. Home – Urban
- 7. Home – Rural
- 8. Residential facility: Specify: _____
- 15. Other: Specify: _____
- 9. MD office
- 10. Workplace
- 11. Sexual contact
- 12. Wound
- 13. Camping
- 14. Restaurant

*Travel history available: Y N

Country/City/Area visited	Arrival date	Length of stay	Accommodation code**

** 1. Urban/Hotel/Business/Hostel 2. Rural/Backpack/Trek

F: Immunization history (if relevant)

Immunization status known: Y N

If yes:	Dose	Date	Agent
1.			
2.			
3.			
4.			
5.			

If not immunized, reason:

- Medical contraindication
- Religious/philosophical exemption
- Previous disease documented
- Not recommended/not eligible
- Other – specify _____
- Unknown

G: Outbreak associated Y N U

If yes, outbreak name: _____ Number: _____

Comments: _____

Signature: _____

H: For use by CDC

Case type: Confirmed Clinical Carrier

Reportable: Y N Reported: Y N Date reported: ___/___/___

Contact person: _____

Notified by phone: ___/___/___

Date investigation report received: ___/___/___

Date closed: ___/___/___