Washington State Department of Health

WATERBORNE DISEASE CASE INVESTIGATION WORKSHEET

COMPLAINT INFORMATION

Date of complaint ____/____/____	Complainant name	Address	(H) Phone (C) Phone

SUSPECTED WATER EXPOSURE OR ACTIVITY

# persons ill: _____	If ≥ 1 person ill: Do all ill persons live together? ☐Y ☐N Do all ill persons work together? ☐Y ☐N # meals in common:_____	If only 1 person ill: Any recent travel: ☐Y ☐N Contact with known ill person ☐Y ☐N Contact with animal ☐Y type: _____ ☐N

Suspected place of water exposure including address	Exposure date: ___/___/___ Exposure time: _____	# ill persons sharing exposure: _____ Total # persons sharing exposure: _____

CLINICAL DATA

Name				
Phone				
Address				
Date interviewed				
Date of birth or age				
Sex	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other
Date and time of water exposure	Date Time	Date Time	Date Time	Date Time
First major symptom	☐Vomiting ☐Diarrhea ☐Other ☐Not Ill	☐Vomiting ☐Diarrhea ☐Other ☐Not Ill	☐Vomiting ☐Diarrhea ☐Other ☐Not Ill	☐Vomiting ☐Diarrhea ☐Other ☐Not Ill
Date and time of first episode of vomiting, diarrhea or major symptom (describe)	Date Time	Date Time	Date Time	Date Time
Incubation (hours)				
Date & time of last episode of vomiting, diarrhea, or major symptom	Date Time	Date Time	Date Time	Date Time
Duration (hours or days)				
SIGNS OR SYMPTOMS – (+) if person experienced symptom, (-) if person did not experience symptom				
Vomiting				
Diarrhea				
Avg # stools/24 hrs				
Bloody diarrhea				
Fever				
Abdominal cramps				
Rash				
Other (list)				
HEALTHCARE PROVIDER (HCP) VISITS AND LABORATORY - (+) if Yes, (-) if No				
HCP visit (if yes, provider name)				
ER visit (if yes, facility name)				
Hospitalization (if yes, facility name)				
Specimen submitted	☐Y type: _____ ☐N	☐Y type:_____ ☐N	☐Y type:_____ ☐N	☐Y type: _____ ☐N
Lab results				

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WATER EXPOSURE HISTORY – SINGLE CASE

Record all water exposures (recreational water, drinking water, other) in the incubation period of suspected agent/organism. If there is not enough information to categorize the suspect agent, record exposures in the 72 hours prior to illness.

Date: _____/_____/_____	Date: _____/_____/_____	Date: _____/_____/_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WATER EXPOSURE HISTORY – 2 OR MORE CASES

Suspected route of entry: ☐ Ingestion ☐ Inhalation ☐ Skin contact ☐ Other

Describe any affected animals (types, symptoms, onsets):

Record common water exposures (recreational water, drinking water, bottled water, other) in the incubation period of suspected agent/organism. If there is not enough information to categorize the suspect agent, record exposures in the 72 hours prior to illness. Also include any suspect food items or meals in addition to water exposure.

	List persons in the same order as on previous page			
Water exposure:	Person name:	Person name:	Person name:	Person name:

Based on epidemiologic evidence, the following agent/organism is suspected:
☐ Bacterial toxin ☐ Bacterial infection ☐ Viral infection ☐ Algal toxin ☐ Chemical ☐ Unknown

Field investigation conducted ☐Y ☐N

Based on epidemiologic evidence and environmental investigation, is there evidence the illnesses resulted from a common water source or facility? ☐Y ☐N If Yes, complete applicable NORS forms or summary and submit to DOH.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Completed by: _____ Agency: _____ Phone: _____ Date __/__/___