

Case ID: _____

First Name: _____

Last Name: _____

Psittacosis Human Case Surveillance ReportReturn to CDFax@ADPH.state.AL.US or 334-206-3734**Investigation Information**

Report Date ____/____/____ MM/DD/YYYY	Patient Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Deceased	Diagnosis Date ____/____/____ MM/DD/YYYY	Onset Date ____/____/____ MM/DD/YYYY
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Patient Information

Patient ID	Last	First	Middle
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Street Address

City	County	State	Zip
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Home Phone (Ext.) ###-###-####	Current Occupation	Other Phone <input type="checkbox"/> Work / Business <input type="checkbox"/> Cell ###-###-####	Ext.
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Parent/Guardian (if patient < 18yr.)

Last	First	Middle
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Demographics

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth ____/____/____ MM/DD/YYYY	Age <input type="checkbox"/> Years <input type="checkbox"/> Months
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Race

- Caucasian African America American Indian/Alaska Native Hawaiian/Pacific Islander Asian
 Unknown Other (Specify) _____

Ethnicity

- Hispanic/Latino Non-Hispanic/Latino Unknown

If female, pregnant? Yes No**Report Information**

Person Providing Report

First	Last	Phone ###-###-####	Ext.	Email
City	County	State	Zip	City

Primary Physician

First	Last	Phone ###-###-####	Ext.	Email
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Street Address

City	County	State	Zip
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Epidemiologic Information**Occupation at date of onset:****Specific duties:****At the time of exposure which of the following personal protective equipment was in place?**

- Respiratory Protective Equipment: Surgical Mask N95 N99 N100
- Gloves
- Rubber boots/disposable overshoes
- Disposable surgical cap
- Overalls Other (describe/details): _____

Indicate which of the following contacts the patients had during the 5 weeks prior to onset:

(Check all that apply)

- Birds Human case of Psittacosis (specify) _____
- Other (specify) _____ No known exposure

If exposure to birds, complete following table:

Type of Bird	Species	Approximate number	Were birds healthy? (Y=Yes N=No UNK=Unknown)
Psittacines*			
Pigeons			
Domestic Fowl			
Other birds			

If birds were not healthy, please elaborate:

*Psittacine birds include: Cockatoos, Cockatiels, Macaws, Parakeets, Conuers, Parrots

Epidemiologic Information cont.

Indicate where the exposure occurred. If the patient had multiple contacts, specify to what they were exposed at each place of exposure.

Type of Establishment	Owner of Establishment	Address of Establishment	Exposure To (Species)	Exposure setting	Date of Exposure
1=Private home 2=Private aviary 3=Commercial aviary 4=Pet shop 5=Pigeon loft 6=Poultry establishment 7=Bird fair/show 8=Backyard poultry 9=Healthcare 10=Long term/Nursing Home 11=Swap meet 12=Other 13=Unknown				I=Indoors O=outdoors	

If other, specify:

If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, or if any such bird is shown by laboratory methods to be infected, it is important to learn where these birds originated and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching.

List the address of every known place where the birds were harbored, including approximate dates.

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Additional Relevant Information

Submitted by:			Date: ____/____/____ MM/DD/YYYY			Health Depart.		
Phone number: ### ###-####			Ext.					

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