

PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Ohio Department of Health

246 N. High St., Columbus OH 43215

Fax: (614)564-2456

Investigation Information				
Report Date	Diagnosis Date		Onset Date	
Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Deceased				
Patient Information				
Patient ID	Last	First		Middle
Street Address				
City	County	State	Zip	
Home Phone	Ext.	Other Phone <input type="checkbox"/> Work / Business <input type="checkbox"/> Cell		Ext.
Parent/Guardian (if patient < 18yr.)				
Last		First		Middle
Demographics				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Date of Birth _____	Age <input type="checkbox"/> Years <input type="checkbox"/> Months _____	
Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African America <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____				
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown				
Report Information				
Person Providing Report				
First	Last	Phone	Ext.	Email
City	County	State	Zip	City
Primary Physician				
First	Last	Phone	Ext.	Email
Street Address				
City	County	State	Zip	

Case ID

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=Bird loft, 6=Poultry establishment, 7=Other, 8=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.

Additional Relevant Information

Submitted by:

Date:

Health Department

Phone number:

Ext.