Primary Amebic Meningoencephalitis Case Report Form

Report Source

Date Reported to CHD:_____ Reporting Source (Check all that apply): ☐ Lab ☐ Hospital ☐Physician ☐Public Health Agency ☐ Other _____

Reporter name:_____ Reporter phone:_____

Demographic Information

Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender ☐Male ☐Female ☐Unknown
Address	City	State	Zip		Phone Number:

Occupation/Grade Level	Place of Employment/School/Daycare	Ethnicity: ☐Hispanic ☐Non-Hispanic	Race: ☐White ☐Black ☐Asian/PI ☐Am. Indian ☐Unknown ☐Other _____	Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced

Clinical Information

Date Diagnosed: / / M.R. #:	Date/Time of Onset: / / _____ a.m. / p.m.	Date/Time of Recovery: / / _____ a.m. / p.m.	Treatment: ☐Yes ☐No Dates:_____ to _____ Drug(s): _____ Dates:_____ to _____ Drug(s): _____
Hospitalized? ☐Yes ☐No ☐ER only	Admission Date: / /	Discharge Date: / /	

Hospital Info: ( )_____	Outcome: ☐ Recovered ☐ Died / /	Physician Info: ( )_____

Symptoms: ☐ headache ☐ fever ☐ nausea ☐ vomiting ☐ stiff neck	☐ confusion ☐ loss of balance ☐ loss of bodily control ☐ lack of attention to people and surroundings ☐ seizures ☐ hallucinations	Laboratory Information: _____ Date Collected: / / Lab Report Date: / /	Specimen Type: ☐Cerebral Spinal Fluid ☐ Brain Tissue ☐Other_____ Confirmed by State Lab: ☐Yes ☐No ☐Unknown ☐NA	Results: _____ Confirmed by CDC Lab: ☐Yes ☐No ☐Unknown ☐NA

Risk Factors

Yes No Don't Know NA

☐ ☐ ☐ ☐ Recreational water exposure

☐ Man-made Lake ☐ Freshwater Lake ☐ River ☐ Canal
☐ Swimming Pool ☐ Wading pool ☐ Spa ☐ Pond
☐ Water park ☐ Fountain ☐ Hot springs
☐Other:_____

Exposure Date: / /

Source :_____

Location of water activities: _____

Water Temp: _____ F/C Ambient Air Temp: _____ F/C

Estimated Depth: _____ Turbidity: _____

Water level: _____ If treated water, chlorine level: _____

☐ ☐ ☐ ☐ Did person dive into the water?

☐ ☐ ☐ ☐ Did person jump into the water?

☐ ☐ ☐ ☐ Did person swim in the water?

Yes No Don't Know NA

☐ ☐ ☐ ☐ Did person participate in other water sports? Which _____

☐ ☐ ☐ ☐ Did person splash in the water?

☐ ☐ ☐ ☐ Did person inhale any water up the nose?

☐ ☐ ☐ ☐ Did person swallow any water?

☐ ☐ ☐ ☐ Did person wear a nose clip or hold your nose shut when jumping or diving in the water?

☐ ☐ ☐ ☐ Did you see any signs posted regarding "No Swimming"?

☐ ☐ ☐ ☐ Do any power plants dump water into the water? or Are any power plants located near the water?

☐ ☐ ☐ ☐ Did person have any contact with soil/sand?

☐ ☐ ☐ ☐ Were you aware of the health risks associated with swimming in warm man-made/fresh water lakes? If yes, how:
☐ Healthcare Provider ☐ Newspaper ☐TV ☐Radio
☐ Health Department ☐ Friend/Relative ☐ Sign
☐ Prior to Illness ☐ After Illness

☐ ☐ ☐ ☐ Did you know of press releases warning about the risks?

Most likely exposure/site: _____ Site Name/address: _____

Where did exposure probably occur? State and County: _____ ☐ US but not _____ ☐ Outside US ☐ Unknown

Investigator: _____ **Phone:** _____ **Date:** _____