

Legionnaires' Disease

Appendix III:B-5. Physician Survey Questionnaire - Legionellosis

We are calling to inform you that _____ is a patient of yours and an employee at _____. He/she has signed a medical release giving us permission to contact you to obtain information about her/his recent illness. This questionnaire will be used to determine if your patient's recent illness could be classified as a pneumonia that may have been caused by exposure to Legionnaires' disease bacteria (LDB) at the workplace.

1. Name of Physician: _____

Address: _____

Phone: _____

2. Date of visit(s): (1st) _____ (2nd) _____ (3rd) _____

3. What was the patient's complaint?: _____

Cough?	Yes	No	Unknown
Short of breath?	Yes	No	Unknown
History of fever?	Yes	No	Unknown

4. Physical Findings: _____

Abnormal chest or lung findings: _____

Rales?	Yes	No	Not examined
Dyspnea?	Yes	No	Not examined
Cyanosis?	Yes	No	Not examined

Temperature _____

Other: _____

5. Chest x-ray done? Yes No

Findings: _____

6. Sputum culture? Yes No

Results: _____

Sputum cultured for *Legionella*? Yes No

Laboratory: _____

7. Diagnostic testing? Yes No

Type of test (circle all that apply): Urine Antigen Test, Direct Fluorescent Antibody Serology Tests:

Indirect Fluorescent Antibody (IFA) _____

ELISA _____

Laboratory: _____

8. Diagnosis or impression: _____