BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Campylobacteriosis Case Report Form

Confidential when completed

PERSON REPORTING	
Health Authority: ☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH	
Name: *Last* *First*	Phone Number: ( ) - ext.
Email:	Date completed : *YYYY / MM / DD*

A. Client Information

Name: *Last* *First* *Middle*		Alternate Name(s):	
PHN:	Date of Birth: *YYYY / MM / DD*	Sex: ☐Male ☐ Female	
Home Address: *Unit #* *Street #* *Street Name*		City:	
Postal code:	Province:	Phone number (home/office/cell) ( ) - ext.	
Email:	Physician Name *Last* *First*	Physician Phone Number:	

B. CLINICAL INFORMATION

Date of onset of symptoms *YYYY / MM / DD* *Time* *AM / PM*

Signs and Symptoms

☐ Diarrhea	☐ Vomiting	☐ Nausea	☐ Other:
☐ Bloody diarrhea	☐ Abdominal cramps	☐ Fever	☐ Other:

Outcome

Hospitalization greater than 24 hours ☐ Yes ☐ No ☐ U Hospital Name: Date of Admission *YYYY / MM / DD* Date of Discharge *YYYY / MM / DD*

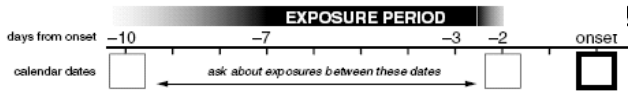
Death: ☐ Yes ☐ No ☐ U Antibiotic use: ☐ Yes ☐ No ☐ U

C. LABORATORY INFORMATION

Specimen type	Reporting lab	Reported date	Results
		YYYY / MM / DD	Species:

D. RISK FACTORS & EXPOSURE INFORMATION

Enter onset date in heavy box. Count back to figure the probable exposure period.



Infection acquired during travel: ☐ Yes ☐ No ☐ U If Yes, ☐ within BC ☐ within Canada ☐ outside Canada

Dates: DEPARTURE	Dates: RETURN	Locations (E.g., city, country, resort)	Mode of travel	Foods brought back
YYYY / MM / DD	*YYYY / MM / DD*			
YYYY / MM / DD	*YYYY / MM / DD*			

Animal Exposures		Date	Location	Type of Animal(s)	Details
Farm (including petting zoo, agricultural fair)	☐ Yes ☐ No ☐ U	*YYYY / MM / DD*			
Wildlife	☐ Yes ☐ No ☐ U	*YYYY / MM / DD*			
Pets (inc. reptiles)	☐ Yes ☐ No ☐ U	*YYYY / MM / DD*			
Pet treats or raw food diet (circle)	☐ Yes ☐ No ☐ U	*YYYY / MM / DD*			

Vegetarian? ☐ Yes ☐ No ☐ U **Food allergies/Avoidances/special diet?** ☐ Yes ☐ No ☐ U Details:

Food Exposures	Eaten	Details	Activities		Details
Chicken	☐ Yes ☐ No ☐ U	☐Undercooked? ☐ Fresh ☐ Frozen	Source of water at home	☐ Municipal ☐ Private well ☐ Other	Specify other:
Unpasteurized dairy (e.g., milk, cheese)	☐ Yes ☐ No ☐ U		Did you drink: Private well water Other (E.g., bottled, recreational water)	☐ Yes ☐ No ☐ U ☐ Yes ☐ No ☐ U	Specify other:
Beef	☐ Yes ☐ No ☐ U		Outdoor recreation (E.g., hiking, biking, camping)	☐ Yes ☐ No ☐ U	Specify activity:
Pork	☐ Yes ☐ No ☐ U		Contact with other person with diarrhea	☐ Yes ☐ No ☐ U	

Event/Social gathering	Location	Date	Foods Eaten
Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	**Location**	**Date**	**Foods Eaten**
Grocery stores for food consumed during the incubation period	**Location**	**Foods Purchased**	**Brands/Other details**

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E. CONTACTS

people in household:

Name	Date Ill	Nature of contact*	Occupation/Details	Contact phone	^Excluded?

**Household, sexual, close contacts.*
^ Please complete Contact Exclusion Form for each contact excluded.

F. INTERVENTIONS

Type	Implemented	Details
Referred for Inspection	☐	
Hygiene Education	☐	
Treatment Administered	☐	
Referred to another HA	☐	
Health File Sent	☐	
Other	☐	

G. OCCUPATION AND EXCLUSION

Occupation:

(Prompt for agricultural/animal contact and working in food service industry and specify)

Sensitive Setting (check if applicable):

- ☐ Work/volunteer or attend day care
- ☐ Work/volunteer in a health care setting
- ☐ Work/volunteer as a food handler
- ☐ Other (e.g. pool): _____

Facility name:

Excluded ☐Y ☐N Effective date (e.g. 15/Dec/07):

Details:

Symptom end date (e.g. 15/Dec/07):

Exclusion lifted: (e.g. 15/Dec/07): MHO:

H. NOTES

Date	Comment	Intials

Date Report Received at HU: (e.g. YYYY/MM/DD)

Contact attempts (date and time)	*Interview?*
1.	☐
2.	☐
3.	☐
4.	☐

Interviewer: ☐ *Not located*