Disease Investigation Form created on 1/15/13 | 0%

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Next | Prev | Current Line: Refer... | Cues | Hook | NotePad | PopUps: Goals | Interven

Question	Answer	Notes
Disease Investigation Questions		
Is this disease reportable to the Minnesota Department of Health?		
Has this disease been reported to the Minnesota Department of Health? If so, what date.		
Does MDH require this disease to be reported immediately by telephone?		
What is the name of the disease that must be reported immediately by phone?		
Does MDH require this disease to be reported within one working day?		
What is the name of the disease that must be reported within one working day?		
What is the name of this unreportable disease?		
Does the client work? If so, where?		
Has the client's workplace been notified of this disease? If so, provide date.		
Does the client attend school? If so, where?		
Has the client's school been notified of this disease? If so, provide date.		
Does the client attend day care? If so, where?		
Has the client's daycare been notified of this disease? If so, provide date.		
Does or has the client resided in a correctional facility? If so, where?		
Has the correctional facility been notified of this disease. If so, provide date.		
Did this client participate in a community event or gathering? If so, provide date and describe event.		
Is the client a foodhandler?		
Does this client have contact with children in daycare?		
Is this client pregnant? If yes, what is the due date?		
Does the client medical history have these risk factors?		
What is the client's disease status?		
What are the client's current symptoms? Select from symptoms list.		
Is the date of disease onset known? If so, provide date.		
Were specimens collected? Provide date of collection?		
What type of specimens were collected?		
Are lab findings available? If so, what are the results?		
Is there a source provided for lab findings? If so, please list.		
Is the name of the lab testing the samples available? If so, provide the lab name and telephone number.		
Is the name of the physician available? If so, provide name and telephone number.		

Disease Investigation Questions	Answer	Notes
Is the name of the person reporting available? If so, provide name and telephone number.		
Is the name of the reporting institution or clinic available? If yes, provide institution name and telephone number.		
Did the client receive treatment for this disease?		
Was this client hospitalized? If so, provide location, admission date, and discharge date.		
Was a disease discharge diagnosis provided?		
Which other infection types were cased by this organism?		
Did this patient die as a result of this illness? If so, which date?		