

Tetanus

ORPHEUS ID

- confirmed
- presumptive
- interstate
- no case

Name _____ County _____
LAST, first, initials (a.k.a.)

Address _____
Street City Zip

Phone number _____ / _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

E-mail _____

ALTERNATE CONTACT

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message (M)

Special housing	
<input type="checkbox"/> Nursing home/Asst Living	<input type="checkbox"/> Women's shelter
<input type="checkbox"/> Homeless	<input type="checkbox"/> YES house
<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> Foster home	<input type="checkbox"/> Job Corps
<input type="checkbox"/> Hospital	<input type="checkbox"/> Treatment center
<input type="checkbox"/> Nursing home	<input type="checkbox"/> Chemawa Indian School
<input type="checkbox"/> Other institution	<input type="checkbox"/> Pacific Univ.
<input type="checkbox"/> Drug treatment/shelter	<input type="checkbox"/> No address on file

DEMOGRAPHICS

DOB / / if DOB unknown, AGE Sex Female Male Preg Y N UNK
m d y

Language _____ Country of birth _____ refugee

Worksites/school/day care center _____ Occupation/grade _____

Amer Indian/ Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis First Nation
- Indigenous Mexican
 - Central American
 - South American

HISPANIC or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

ASIAN

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Native Hawaiian/ Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

Middle Eastern Northern African

- Northern African
- Middle Eastern

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other (please list) _____
- Don't know/Unknown
- Don't want to answer/Decline

PROVIDERS, FACILITIES AND LABS

Reporter Type (circle one) Reporter Name/Phone
 PMD Lab ELR _____
 MDx Lab Fax _____
 UC Lab Phn _____
 ER Lab Other _____
 HCP 2nd Prov _____
 ICP _____

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Ok to contact patient (only list once)

Local epi_name _____

Date report received by LHD / / LHD completion date / /



IMMUNIZATION HISTORY

Up to date for measles yes no unk

Vaccine	Date	Source choose one: ALERT / Provider / Verbal (Shot card) / Verbal (not verified)
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

If you have access to ALERT, please print the vaccination history and staple to this form.

- Vaccinated: yes no unk
if not vaccinated, why not?
- Religious exemption
 - Medical contraindication
 - Philosophical exemption
 - Previous culture/MD confirmed
 - Parental/patient refusal
 - Too young
-
- Forgot
 - Inconvenience
 - Too expensive
-
- Concurrent illness
 - Parent/patient unaware
 - Vaccination records incomplete (unavailable)
 - Other

CASE MANAGEMENT -- NEONATAL INFECTION

MATERNAL DATA

Mothers date of birth ___/___/___
 or, if unknown, AGE _____

Mothers date of arrival in the U.S. ___/___/___

Tetanus toxoid (TT) administered to mother PRIOR to child's disease?
 yes no unk

If yes, history of known doses only

1 dose 2 doses
 3 doses 4 doses

Years since mother's last dose _____

NEONATE DATA

Child's birthplace hospital home unk
 other _____

Birth attendant(s)
 physician nurse licensed midwife
 unk other _____

Other birth attendants (not previously listed:)

Comments or Notes

ADMINISTRATION **JULY 2019**

Case report sent to OHA on ___/___/___ Investigation sent to OHA on ___/___/___
 Completed by _____ Date _____ Phone _____