Fax this form to your local health department or KDHE: 877-427-7318 within 24 hours* of suspecting a case, regardless of laboratory evidence.  
* Please include disease-specific laboratory results, if available  
For questions, call the KDHE Epidemiology Hotline: 877-427-7317  
This form is available at: https://www.kdhe.ks.gov/1492

Today’s date: ________________________________

**PATIENT INFORMATION**

Name: ________________________________  
Last  
First  
Middle  

Mobile phone: ________________________________  Home phone: ________________________________  

Residential address: ________________________________  Apartment number: ________________________________  

City: ________________________________  State: ________________________________  Zip: ________________________________  

Date of Birth (if unknown, provide age): ________________________________

Race: ☐ White  ☐ Black  ☐ Asian  ☐ American Indian / Alaska Native  ☐ Native Hawaiian / Pacific Islander  
Ethnicity: ☐ Hispanic  ☐ Non-Hispanic  
Sex: ☐ Male  ☐ Female  ➤ Pregnant? ☐ Yes  ☐ No  ☐ Unknown  

**EXPOSURE INFORMATION**

Date and time of incident: ________________________________  Time: __________ AM or PM  

Site of exposure: ☐ Public Setting  ➤ Public setting: ☐ Daycare  ☐ Health Care  ☐ Hotel  ☐ School  
☐ Nursing Home  ☐ Correctional Facility  ☐ Shelter  ☐ Restaurant  
☐ Other - ________________________________  

Residential: ☐ Single Family Home  ☐ Apartment Building  ☐ Mobile Dwelling  ☐ Duplex/Townhouse

Name and city of site of exposure: ________________________________

Poisoning intent: ☐ Intentional CO poisoning  ☐ Unintentional CO poisoning  ☐ Unsure  
Fire related: ☐ Yes  ☐ No  ☐ Unsure

**DISEASE OR CONDITION INFORMATION**

Symptom onset date: ________________________________  

Hospitalized? ☐ Yes  ➤ Hospital: ________________________________  Died? ☐ Yes  ☐ No  ☐ Unknown  

Laboratory name: ________________________________  Specimen collection date: ________________________________  
Test(s) performed: ________________________________  Test result(s): ________________________________

* If the 24 hour reporting period ends on a weekend or a state approved holiday, the report can be made by 5:00pm on the next business day.
**Kansas Carbon Monoxide Poisoning Reporting Form**

Fax this form to your local health department or KDHE: 877-427-7318 within 24 hours* of suspecting a case, regardless of laboratory evidence.  
*Please include disease-specific laboratory results, if available*

For questions, call the KDHE Epidemiology Hotline: 877-427-7317

This form is available at: [https://www.kdhe.ks.gov/1492](https://www.kdhe.ks.gov/1492)

### Facility and Physician Information

<table>
<thead>
<tr>
<th>Facility name:</th>
<th>Facility city:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Physician name:</th>
<th>Phone #:</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Name of person reporting:</th>
<th>Phone #:</th>
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<td>__________________________</td>
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### Treatment Information

<table>
<thead>
<tr>
<th>Treated?</th>
<th>Treatment type, dosage, and duration:</th>
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</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>□ No</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>□ Unknown</td>
<td>-------------------------------------</td>
</tr>
</tbody>
</table>

* If the 24 hour reporting period ends on a weekend or a state approved holiday, the report can be made by 5:00pm on the next business day.

(Effective 05/11/2018)