Coccidioidomycosis Investigation Worksheet

Patient Name Last:	First:	Middle:
Date of Birth:	Sex: ☐ Male ☐ Female	Pregnant: Yes / No / Unk If pregnant, trimester:

Ethnicity/Race (mark one or more)

☐ Hispanic or Latino	☐ American Indian/ Alaska Native	☐ Asian	☐ Black or African American	☐ Other ______________________
☐ Not Hispanic or Latino	☐ Native Hawaiian / Other pacific islander	☐ Filipino	☐ White	☐ Unknown

Coccidioidomycosis Symptoms

Onset Date:				Cough	Yes	No	Unk	Arthralgias	Yes	No	Unk
Fever	Yes	No	Unk	Chest Pain	Yes	No	Unk	Headache	Yes	No	Unk
Night Sweats	Yes	No	Unk	Shortness of Breath	Yes	No	Unk	Rash	Yes	No	Unk
Fatigue	Yes	No	Unk	Sputum production	Yes	No	Unk	Weight loss	Yes	No	Unk

Has the patient's infection become disseminated?	Yes	No	Unk

If yes, Indicate location (skin, bones, joint, meningitis, other)?

Has the patient ever been tested for Coccidioidomycosis before?	Yes	No	Unk

If yes, indicate the approximate date and test results?

Existing Medical Conditions (check all present at the time of disease onset):

☐ Asthma	☐ COPD/emphysema	☐ Immunocompromised	☐ Tuberculosis
☐ Cancer (type): _______________	☐ Corticosteroid	☐ Organ Recipient	☐ Other:
☐ Chemotherapy	☐ Diabetes	☐ Smoker	

Patient occupation(s)	Dates
1.	
2.	
3.	

Place of Residence	Current County of residence:		
Did the patient reside outside of the current county of residence the year before illness onset?	Yes	No	Unk

If yes specify locations below.

Location (City, County, State, Country)	*Month and Year Residence Started*	*Month and Year Residence Ended*

Travel History:

Did the patient travel outside of the county of residence during the incubation period?	Yes	No	Unk

If yes specify locations below.

Location (City, County, State, Country)	*Date Travel Started*	*Date Travel Ended*

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Scan and attach medical records and laboratory results to the record in EpiTrax.

Additional findings:

To assist with residence or travel – the following states are endemic or potential risks of the agent:

Arizona (endemic)	Yes	No	Unk	*From:*	*To:*
California (endemic)	Yes	No	Unk	*From:*	*To:*
Colorado	Yes	No	Unk	*From:*	*To:*
Idaho	Yes	No	Unk	*From:*	*To:*
Montana	Yes	No	Unk	*From:*	*To:*
Nevada (endemic)	Yes	No	Unk	*From:*	*To:*
New Mexico (endemic)	Yes	No	Unk	*From:*	*To:*
Oregon	Yes	No	Unk	*From:*	*To:*
Texas (endemic)	Yes	No	Unk	*From:*	*To:*
Utah (endemic)	Yes	No	Unk	*From:*	*To:*
Washington	Yes	No	Unk	*From:*	*To:*
Wyoming	Yes	No	Unk	*From:*	*To:*
Outside of the U.S.	Yes	No	Unk	*From:*	*To:*