Histoplasmosis 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

Histoplasmosis Symptoms

Onset Date:				**Cough**	Yes	No	Unk	Myalgia	Yes	No	Unk
Fever	Yes	No	Unk	Chest Pain	Yes	No	Unk	Rash: Erythema nodosum	Yes	No	Unk
Headache	Yes	No	Unk	Shortness of Breath	Yes	No	Unk	Rash: Erythema multiforme	Yes	No	Unk

Abnormal Chest Imaging:

☐ Not done ☐ Pulmonary infiltrates ☐ Enlarged hilar or mediastinal lymph nodes ☐ Other:

☐ Cavitation ☐ Pleural infusion

Clinical Evidence of Disseminated Disease:

☐ Gastrointestinal ulcerations or masses ☐ Pancytopenia (evidence of bone marrow involvement)

☐ Skin or mucosal lesions ☐ Enlargement of the liver, spleen, or abdominal lymph nodes

☐ Peripheral lymphadenopathy ☐ Meningitis, encephalitis, or focal brain lesion

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

Travel History:

Did the patient travel outside of the county of residence 3-days to 3-weeks prior to onset?	Yes	No	Unk

If yes specify locations below.

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

Occupation and activity assessment on page 2.

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Patient occupation(s) during 3 weeks prior to onset	Address of employer or school	Dates
1.		
2.		
3.		

Was the patient exposed to any of the following situations during the 3 weeks before onset of illness?

Accumulated bat or bird manure	Yes	No	Unk	*When/Where:*
Attic/barn/chimney cleaning	Yes	No	Unk	*When/Where:*
Bridge inspection	Yes	No	Unk	*When/Where:*
Cave interior work or spelunking	Yes	No	Unk	*When/Where:*
Construction/Demolition work	Yes	No	Unk	*When/Where:*
Heating and AC installation	Yes	No	Unk	*When/Where:*
Gardening/landscaping	Yes	No	Unk	*When/Where:*
Handling /raising birds	Yes	No	Unk	*When/Where:*
Lawn care (raking, mowing)	Yes	No	Unk	*When/Where:*
Visiting a cabin	Yes	No	Unk	*When/Where:*
Camping	Yes	No	Unk	*When/Where:*
Other outdoor activities:	Yes	No	Unk	*When/Where:*

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