**OCCUPATIONS**

Interpret ‘occupation’ very loosely and consider every person to have at least one ‘occupation’

<table>
<thead>
<tr>
<th>Occupation type</th>
<th>Job title</th>
<th>Worked after symptom onset</th>
<th>Facility name</th>
<th>Date worked from</th>
<th>Address</th>
<th>Date worked to</th>
<th>Zip code</th>
<th>Removed from duties</th>
<th>Phone</th>
<th>Work in a lab setting</th>
<th>Health care worker type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**HOSPITALIZATIONS**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Isolated at entry</th>
<th>Isolation type (entry)</th>
<th>Admission date</th>
<th>Discharge date</th>
<th>Days hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL INFO & DIAGNOSIS**

<table>
<thead>
<tr>
<th>Episode Type</th>
<th>Episode Severity</th>
<th>Symptoms</th>
<th>Muscle Pain</th>
<th>Muscle Weakness</th>
<th>Weight Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>First attack</td>
<td>Mild</td>
<td>Anorexia</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Recurrence</td>
<td>Moderate</td>
<td>Chills</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Chronic</td>
<td>Severe</td>
<td>Headache</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Date Returned to Normal Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia</td>
<td>/</td>
</tr>
<tr>
<td>Chills</td>
<td>/</td>
</tr>
<tr>
<td>Headache</td>
<td>/</td>
</tr>
</tbody>
</table>

**TREATMENT**

<table>
<thead>
<tr>
<th>Antibiotics prescribed</th>
<th>Antibiotic</th>
<th>Date started</th>
<th>Dose</th>
<th>Antibiotic</th>
<th>Date started</th>
<th>Dose</th>
<th>Antibiotic</th>
<th>Date started</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

---

Center for Acute Disease Epidemiology  Fax: 515-281-5698  Brucellosis Revised June 2011 2
### Infection Timeline
Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.

### Exposure Period

- The incubation period for **brucellosis** is usually 5-60 days and occasionally several months.

### Communicable Period
There is no evidence of person to person transmission of **brucellosis**.

---

### Risk Factors/Travel

**In the 60 days before the onset of symptoms did the case:**

<table>
<thead>
<tr>
<th>Travel within Iowa?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Departure date:</th>
<th>Return date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unk</td>
<td>Iowa:</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel within U.S.?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Departure date:</th>
<th>Return date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unk</td>
<td>State:</td>
<td>City:</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel outside U.S.?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Departure date:</th>
<th>Return date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unk</td>
<td>Country:</td>
<td></td>
<td>/</td>
</tr>
</tbody>
</table>

### Give Birth
- Yes
- No
- Unknown

### Animal Contact
- Yes
- No
- Unknown

#### Animal Type
- Deer
- Dogs
- Elk
- Sheep
- Horses
- Goats
- Pigs
- Rabbits
- Other

#### Did any of these animals have a birth?
- Yes
- No
- Unknown

### Exposed To Potential Infection Sources
- Yes
- No
- Unknown

#### Check All Possible Sources
- Aborted animal fetuses or placentas
- Laboratory
- Livestock Handling
- Livestock Vaccine
- Packing Plant
- Unpasteurized dairy product

### Contacts
Others with the same exposures?  
- Yes
- No
- Unknown

#### Others with the same exposures

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Address/Phone</th>
<th>Zip code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Relationship to Case
- Spouse
- Child
- Sibling
- Roommate
- Parent/guardian

#### List Symptoms
- Symptom
- Onset date
- Is contact a case?
- Yes
- No

If this contact is a case create a new event and/or case for this contact.

---

### Infection Timeline

- Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.

### Exposure Period

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<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unk</td>
<td>Iowa:</td>
<td></td>
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<td>No</td>
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<td>City:</td>
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<th>Gender</th>
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- Symptom
- Onset date
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<table>
<thead>
<tr>
<th>Zip code</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Relationship to case</th>
<th>List symptoms</th>
<th>Symptom onset date</th>
<th>Is contact a case?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Spouse</td>
<td>□ Sexual contact</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Child</td>
<td>□ Family member (non-household)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sibling</td>
<td>□ Friend/acquaintance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Roommate</td>
<td>□ Contact work/school/etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Parent/ guardian</td>
<td>□ Unknown/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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NOTES:

__________________________________________________________________________
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