BC Giardiasis Follow-up Form

Demographic and Contact Information

Patient Surname:		First Name:	PHN:
Birthdate: (e.g. 15/Dec/07)	Sex: F ☐ M ☐	Parent or Guardian: ☐ Respondent is case	
Address: (street, city, postal code) E-mail:		Home phone: _____ Work: _____ Cell: _____	
Physician:		Physician Phone:	

Case Notification/Assignment

Report Received at HU: (e.g. 15/Dec/07)

Contact attempts (date and time)	Interview?
1.	☐
2.	☐
3.	☐
4.	☐

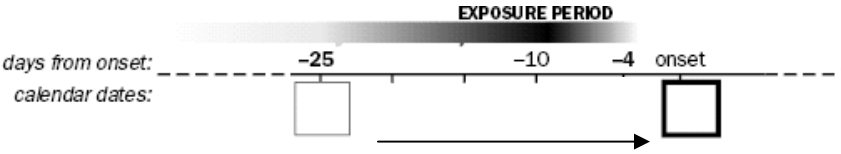
Interviewer: ☐ Not located

Clinical Information

Species: lamblia	Specimen type:	Lab Report Date: (e.g. 15/Dec/07)	Reporting lab:
Onset of Earliest Symptom (e.g. 15/Dec/07): Time: am/pm	Earliest Symptom:	Hospitalized: ☐Y ☐N ☐DK	Name of Hospital:
Other Symptoms: ☐ Diarrhea ☐ Vomiting ☐ Nausea Other: _____ ☐ Bloody Diarrhea ☐ Abdominal cramps ☐ Fever Other: _____		Date of Admission (e.g. 15/Dec/07): Deceased: ☐Y ☐N	Date of Discharge (e.g.15/Dec/07): Antibiotic Use: ☐Y ☐N ☐DK

Exposure Period

Enter onset date in heavy box. Count back to figure the probable exposure period.



The communicable period is quite variable—weeks to months without treatment. Infected persons without symptoms are more likely to be infectious than those who are sick.

Travel

Infection acquired during travel: ☐Y ☐N ☐DK

If yes: ☐ Within BC ☐ Within Canada ☐ Outside Canada

Departure (e.g. 15/Dec/07):

Return (e.g. 15/Dec/07):

Destination(s) (e.g. city, mode of travel):

Foods brought back?:

Animal Contact

Farm, Petting Zoo, Agricultural Fair, Wildlife: ☐Y ☐N ☐DK

Pets (incl reptiles) ☐Y ☐N ☐DK

Pet treats or Raw food diet (circle): ☐Y ☐N ☐DK

Details (e.g. dates, location, type of animals):

Food Exposures

Vegetarian? ☐Y ☐N **Food allergies/Avoidances/special diet?** ☐Y ☐N Details:

Social Gatherings (e.g. parties, weddings, showers, potlucks, community event): ☐Y ☐N ☐DK

Details:

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk): ☐Y ☐N ☐DK

Details:

Usual sources of groceries (including grocery stores, specialty/ethnic stores and markets):

Store Name	Location	Details (e.g. items purchased, date of visit, if known)

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Specific High Risk Activities

Activity	*Performed*	*Details*
Contact with daycare centre/institution	☐Y ☐N ☐ DK	
Contact with swimming/wading pool	☐Y ☐N ☐ DK	
Contact with hot tub, spa, whirlpool, jaccuzi	☐Y ☐N ☐ DK	
Contact with pond, stream, spring or lake?	☐Y ☐N ☐ DK	
Drinking untreated water from pond, stream, spring or lake?	☐Y ☐N ☐ DK	
Camping/hiking	☐Y ☐N ☐ DK	
Using well water	☐Y ☐N ☐ DK	
Using untreated well water	☐Y ☐N ☐ DK	
Drinking water from community system under boil water advisory	☐Y ☐N ☐ DK	
Consumption of raw, local direct-from-farm produce	☐Y ☐N ☐ DK	
Contact with other people with diarrhea	☐Y ☐N ☐ DK	
Diaper changing	☐Y ☐N ☐ DK	
Anal oral sexual contact	☐Y ☐N ☐ DK	

Contacts

people in household:

Name	*Date ill?*	*Nature of contact**	*Occupation/Details*	*Contact phone*	*^Excluded?*

*Household, sexual, close contacts.
^ Please complete Contact Exclusion Form for each contact excluded

Occupation and Exclusion

Occupation:

Sensitive Setting (check if applicable):

- ☐ Work/volunteer or attend day care
- ☐ Work/volunteer in a health care setting
- ☐ Work/volunteer as a food handler
- ☐ Other (e.g. pool): _____

Facility name:

Excluded ☐Y ☐N Effective date (DD/MM/YYYY):

Details:

Symptom end date (e.g. 15/Dec/07):

Exclusion lifted: (DD/MM/YYYY): MHO:

Interventions

	Details
☐ Referred for Inspection	
☐ Referred to another HA	
☐ Hygiene Education Provided	
☐ Health File Sent	
☐ Other	

Notes

Date	Comment	Initials