



Confidential when completed

PERSON REPORTING	
Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH	
Name: <i>Last</i> <i>First</i>	Phone Number: () - ext.
Email:	Date completed : <i>YYYY / MM / DD</i>

A. CLIENT INFORMATION	
Name: <i>Last</i> <i>First</i> <i>Middle</i>	Alternate Name(s):
PHN:	Date of Birth: <i>YYYY / MM / DD</i> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: <i>Unit #</i> <i>Street #</i> <i>Street Name</i>	City:
Postal code:	Province:
Phone number (home/office/cell) () - ext.	
Email:	Physician Name <i>Last</i> <i>First</i> Physician Phone Number:

B. CLINICAL INFORMATION	
Date of onset of symptoms <i>YYYY / MM / DD</i>	
Signs and Symptoms	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Bloody diarrhea	<input type="checkbox"/> Abdominal cramps
<input type="checkbox"/> Nausea	<input type="checkbox"/> Fever
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Outcome	
Hospitalization greater than 24 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	Hospital Name: Date of Admission <i>YYYY / MM / DD</i> Date of Discharge <i>YYYY / MM / DD</i>
Death: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	Antibiotic use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U

C. LABORATORY INFORMATION				
Specimen type	Test type	Reporting lab	Reported date	Results
			<i>YYYY / MM / DD</i>	Species:
			<i>YYYY / MM / DD</i>	Species:
<input type="checkbox"/> Confirmed case <input type="checkbox"/> Probable case				

D. RISK FACTORS & EXPOSURE INFORMATION	
Enter onset date in heavy box Count back to figure the probable exposure period	
Note: Exposure period for <i>Entamoeba histolytica</i> is commonly 2-4 weeks, but it can vary from days to years.	



Immigration

Immigration to Canada within last year: Yes No U Date of entry: *YYYY/MM/DD* Country of origin:
Comments:

Travel

Infection acquired during travel: Yes No U If Yes, within BC within Canada outside Canada

Dates: DEPARTURE	Dates: RETURN	Locations (E.g. city, country, resort)	Details
<i>YYYY/MM/DD</i>	<i>YYYY/MM/DD</i>		
<i>YYYY/MM/DD</i>	<i>YYYY/MM/DD</i>		

Note: Risk of *Entamoeba histolytica* infection is higher in developing countries. The infection might rarely be acquired in recreational/rural areas with poor sanitation within BC/Canada

High risk activities

Specific High Risk Activities		Details
Contact with other people with diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Contact with day care/institutions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Contact with residents/immigrants/travellers from developing countries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Contact with recreational water (e.g. swimming pools, lakes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Drinking untreated water from well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Drinking untreated water from pond, stream, spring or lake?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	

Sexual activity

Please ask these questions of male and female adult cases (>18 years):

- Amebiasis can be transmitted sexually. Are you currently sexually active? Yes No (if No, skip to section E) Unanswered
- Amebiasis can be transmitted through oral-anal sexual contact¹. Is this a possibility in your case in the last 28 days?
 Yes No Unanswered

If yes to both questions, provide education regarding the prevention of sexually transmitted enteric diseases and advice for testing of sexual contacts.

¹Oral anal sexual contact is defined as contact between the mouth, lips or tongue of one person and the anal or perianal area of another person. It can also include oral contact with sexual toys or other body parts (e.g. penis, finger) which had prior contact with the anal area, rectum or feces. Some people refer to oral-anal sex as rimming and to manual-oral sex as fingering or fisting.



E. 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.

F. INTERVENTIONS

Type	Implemented	Details
Referred for Inspection	<input type="checkbox"/>	
Hygiene Education	<input type="checkbox"/>	
Treatment Administered	<input type="checkbox"/>	
Referred to another HA	<input type="checkbox"/>	
Health File Sent	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

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

Details:

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

Exclusion lifted: (e.g. 15/Dec/07):

MHO:

H. NOTES

Date	Comment	Initials

Date Report Received at HU: (e.g. YYYY/MM/DD)

Contact attempts (date and time) Interview?

1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer:

Not located