Santa Clara County

SARS PRE-SUSPECT REPORT FORM

Date of Report: MM DD 2003 **Time of Report:** : AM PM

1. Reporter or Clinician Contact Last Name: _____ First Name: _____

Hospital or Clinic Name: _____ City: _____

County: _____ State: _____ ZIP: _____

Phone: ( ) _____ Pager: ( ) _____ Other: ( )_____ □ Phone □ Fax

2. Patient Information Last Name: _____ First Name: _____

Residence Address: _____

City: _____ State: _____ ZIP: _____

County: _____ Country: _____

Phone 1: ( ) _____ Phone 2: ( ) _____

Date of Birth: MM DD YY _____ Age: _____ Sex □ Male □ Female

Race: □ White □ Black □ Asian/Pacific Islander □ American Indian/Alaskan Native
□ Other:_____

Ethnicity: □ Hispanic □ Non-Hispanic Nationality: _____

3. Occupation Healthcare worker? □ Yes □ No ***If yes, specify*** □ Physician □ Nurse/PA □ Laboratory □ **Other:** _____

***If Healthcare worker*:** Name of Facility_____
Location: _____

4. Signs and Symptoms Date of symptom onset: MM DD 2003

Check signs and symptoms that apply

□ Temperature > 38 C (100.4 F) OR □ Cough □ Shortness of breath/ difficulty breathing

5. Travel History

□ Hong Kong	**DATES**	From:	MM	DD	YY	To:	MM	DD	YY
□ People's Rep. of China	**DATES**	From:	MM	DD	YY	To:	MM	DD	YY
□ Hanoi, Vietnam	**DATES**	From:	MM	DD	YY	To:	MM	DD	YY
□ Singapore	**DATES**	From:	MM	DD	YY	To:	MM	DD	YY

This form should NOT be used to report suspect SARS cases. Persons meeting the SARS case definition below must be reported immediately by phone. During business hours call (408) 885-4214. After hours and on weekends call County Communications at (408) 299-2501 and ask for the Public Health Officer on call.

CDC Case Definition

A person presenting with fever (>38° C) **AND** one or more signs or symptoms of respiratory illness including cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of pneumonia or acute respiratory distress syndrome **AND** either close contact* within 10 days of onset of symptoms with a person under investigation or suspected of having SARS **OR t**ravel within 10 days of onset of symptoms to an area with documented transmission of SARS (see list below).

*Close contact is defined as having cared for, having lived with or having had direct contact with a patient known to be a suspect SARS case. Areas with transmission of SARS: Peoples' Republic of China (i.e. mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; and Singapore.

Completed forms should be faxed to Santa Clara County Disease Prevention and Control (408) 885-4249.