

**Healthcare Worker (HCW) Exposure to SARS Suspect Case Patients
Facility Encounter Form**

Form Approved
OMB NO. 0920-0008
Exp. Date _____

Hospital Investigation # _____ State ID # _____

1. Name of person completing form: _____
2. Affiliation: State HD Local HD Healthcare Facility
3. Date form started: ___/___/___
4. Contact phone number: _____
5. Healthcare facility name and address: _____

6. Total number of faculty, staff, employees, and students of healthcare facility: _____
7. Estimate the total number of staff and employees who entered the suspect patient's immediate care area: _____
8. Date and time SARS facility encounter began: ___/___/___ Time: ___:___ AM/ PM
9. Date and time SARS facility encounter ended: ___/___/___ Time: ___:___ AM/ PM

SARS Suspect Patient Information:

10. Patient Initials: _____
11. CDC SARS Case No. _____
12. Date of Birth: ___/___/___
13. Gender: Male Female

14. Clinical Features	Date and Time First Noted	Date and Time Last Noted	Never Noted
Fever (>100.4°F or 38°C)	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
Cough	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
CXR infiltrate	___/___/___, ___:___ AM/ PM		<input type="checkbox"/>
Ventilated	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>

Isolation Precaution Information:

15. Type	Date and Time Instituted	Date and Time Ended	Never Instituted
Glove and Gown	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
Eye protection	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
Surgical mask	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
N95 mask	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>
Neg. press. room	___/___/___, ___:___ AM/ PM	___/___/___, ___:___ AM/ PM	<input type="checkbox"/>

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).