

UMHHC Infection Control & Epidemiology
 Communicable Disease Exposure Work-up
 Data Collection Sheet

Disease: _____

Date: _____

Patient Name: _____ Reg #: _____ Service: _____

<p><u>Lab Information</u> [See Attached <input type="checkbox"/>]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 25%;">Test</th> <th style="width: 60%;">Results</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><u>Other patient information</u> [See Attached <input type="checkbox"/>]</p>	Date	Test	Results																<p><u>Admission/Visit Dates:</u></p> <p><u>Dates of Exposure at UM:</u></p> <p><u>UM Information</u> [See Attached <input type="checkbox"/>]</p> <p>Attending Physician: _____</p> <p>Departments involved in Exposure Work- up</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
Date	Test	Results																									

<p><u>Notifications</u></p> <p>Reported to Health Department [YES/ NO]</p> <p>County: _____</p> <p>Date Reported: _____</p> <p>EHS [See Attached <input type="checkbox"/>]</p> <p>Contact: _____ Date notified: _____</p>	<p>Notes:</p>
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Department	Contact	Phone	Date Sent

Exposures
 Patients [See Attached]

Name	Reg #	Dr. Notified/Date

Employees [See Attached]

Name	ID#	Department	Dates Exposed