Bioterrorism Agent Exposure Epidemiology Tracking Form

(Updated 12/01)

While you are waiting, please complete the following form about your possible exposure to germs.

We are in the process of assessing the public's risk for illnesses that could be caused by biological weapons (bioterrorism agents). In order for us to provide you with the best health care, it is important that we gather as much information on possible exposures. This information is also important for local and national health care agencies such as the Centers for Disease Control and Prevention (CDC).

In addition, it is important that we are able to contact you if further testing or treatment is needed. Therefore please take the time to fill the following form out as neatly and completely as possible. Thank you for your cooperation.

Today's Date: _____ Time: _____

Name: _____ Gender: _____M _____F

Home Address: _____

Local Address (if different from home): _____

_____

Telephone number(s): home: (_____) _____
work: (_____) _____
mobile phone: (_____) _____
email address: _____

Please give us any other numbers with which we can contact you:

Primary Care Physician or Clinic where you go for care:_____

Suspected exposure: (Please be as specific as possible: e.g. "I work in a mail room in an office building" or "I opened an envelope that had powder in it and a threatening letter.")

Reason for suspicion: (e.g. " I know that people who handle mail have become ill from this disease")

Please give us any other detailed information that you feel would help public health authorities:

Source: Eric A. Weiss, MD, Stanford (CA) University Medical Center.

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