

GROUP EXERCISE 1:

Review the five forms and create a line listing based on the information provided.

Exercise Case Report Form			
<u>Name</u> McDowell, D.		<u>Age</u> 33	<u>Phone</u> 555-3707
<u>Address</u> 2020 Alabama		<u>Sex</u> M	<u>Race</u> W
<u>City, State</u> Columbia		<u>County</u> Columbia	
<u>Disease</u> Trichinosis		<u>Date of Onset</u> 7/27	<u>Lab Confirmation</u> Muscle Biopsy
<u>Hospital Alerted?</u> Yes	<u>Hospital Name</u> Columbia General	<u>Admission Date</u> 7/27	<u>Discharge Date</u>
<u>Lab Test Results</u> Eosinophilia = 2500		<u>Comments (Clinical description, immunization theory, etc.)</u>	<u>Possible Exposure</u> Cleveland-McKay Wedding
<u>Physician Reporting</u> Dr. Baker		<u>Phone</u> 555-1900	<u>Date of Report</u> 8/17

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<u>Name</u> Gordon, Jack		<u>Age</u> 26	<u>Phone</u> 555-1213
<u>Address</u> 110 Clifton St.		<u>Sex</u> M	<u>Race</u> W
<u>City, State</u> Columbia		<u>County</u> Columbia	
<u>Disease</u> Probable Trichinosis		<u>Date of Onset</u> 8/14	<u>Lab Confirmation</u> Not Done
<u>Hospital Alerted?</u> No	<u>Hospital Name</u>	<u>Admission Date</u>	<u>Discharge Date</u>
<u>Lab Test Results</u> Eosinophilia = 37%		<u>Comments</u> (<u>Clinical description,</u> <u>immunization theory, etc.</u>)	<u>Possible Exposure</u> Cleveland-McKay Wedding
<u>Physician Reporting</u> Dr. Gibbs		<u>Phone</u> 555-3841	<u>Date of Report</u> 8/14

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<u>Name</u> Thomas, Nancy		<u>Age</u> 27	<u>Phone</u> 555-3761
<u>Address</u> 2020 Alabama		<u>Sex</u> F	<u>Race</u> W
<u>City, State</u> Columbia		<u>County</u> Columbia	
<u>Disease</u> Trichinosis		<u>Date of Onset</u> 8/4	<u>Lab Confirmation</u> Not Done
<u>Hospital Alerted?</u> No	<u>Hospital Name</u>	<u>Admission Date</u>	<u>Discharge Date</u>
<u>Lab Test Results</u> Eosinophilia = 18%		<u>Comments (Clinical description, immunization theory, etc.)</u>	<u>Possible Exposure</u> Cleveland-McKay Wedding
<u>Physician Reporting</u> Dr. Stanley		<u>Phone</u> 555-0400	<u>Date of Report</u> 8/14

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<u>Name</u> Dickens, R.		<u>Age</u> 43	<u>Phone</u> 555-2662
<u>Address</u> 34 Whinfred Ave.		<u>Sex</u> M	<u>Race</u> W
<u>City, State</u> Seattle, WA		<u>County</u> King	
<u>Disease</u> Trichinosis		<u>Date of Onset</u> 7/25	<u>Lab Confirmation</u> Serologic
<u>Hospital Alerted?</u> No	<u>Hospital Name</u>	<u>Admission Date</u>	<u>Discharge Date</u>
<u>Lab Test Results</u> Eosinophilia = 4100		<u>Comments</u> (<u>Clinical description,</u> <u>immunization theory, etc.</u>)	<u>Possible Exposure</u> Cleveland-McKay Wedding
<u>Physician Reporting</u> Dr. Webster		<u>Phone</u> 555-0511	<u>Date of Report</u> 8/15

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<u>Name</u> McKay, Alice		<u>Age</u> 54	<u>Phone</u> 555-6256
<u>Address</u> 406 Tugalo Ln.		<u>Sex</u> F	<u>Race</u> W
<u>City, State</u> Brighton		<u>County</u> Clayton	
<u>Disease</u> R/O Trichinosis		<u>Date of Onset</u> 8/14	<u>Lab Confirmation</u> Not Done
<u>Hospital Alerted?</u> Yes	<u>Hospital Name</u> Columbia General	<u>Admission Date</u> 8/14	<u>Discharge Date</u>
<u>Lab Test Results</u> Eosinophilia = 3600		<u>Comments (Clinical description, immunization theory, etc.)</u>	<u>Possible Exposure</u> Cleveland-McKay Wedding
<u>Physician Reporting</u> Dr. Mason		<u>Phone</u> 555-3291	<u>Date of Report</u> 8/15