

Blastomycosis Worksheet

Wisconsin Division of Public Health
Bureau of Communicable Diseases
One West Wilson Street, Room 318
Madison, WI 53701

Date received by BCD: ___/___/___
Date of case interview: ___/___/___
Interviewer initials: _____

Demographic Information:

Patient Name (Last, First): _____
Parent Name (If minor): _____ Telephone: _____
DOB: ___/___/___ Age: _____ Gender M F
Street Address: _____
City: _____ County: _____ Zip Code: _____
Occupation: _____ Employer Location: _____
Race:
____ White ____ Black ____ Native American ____ Asian/Pacific Islander
____ Unknown ____ Other: _____
Ethnicity: ____ Hispanic ____ Non-Hispanic

Clinical Information:

Clinician: _____ Telephone: _____
Clinic name: _____
Person reporting: _____ Telephone: _____
Date report received: ___/___/___
1. Hospitalized due to blastomycosis Y N
Hospital name: _____ Admission date: _____
____/____/____ Discharge date: ___/___/___
2. Outcome:
____ Alive
____ Deceased due to blastomycosis, Date: ___/___/___
____ Deceased due to other cause: ___/___/___ Cause: _____
3. Blastomycosis Diagnosis: (*Must meet case definition - See EpiNet Manual*)
____ Negative (Positive serology, but no additional laboratory confirmation)
____ Positive (Demonstrated blastomycosis yeasts/broad based buds or positive culture)
4. Please check all categories that apply:
____ Immunocompromised, explain: _____
____ Asymptomatic
Treatment: Y N list medications:
____ Symptomatic

Treatment:

Y

N

list medications:

5. Please check all locations that apply:

Acute Infection Sub-acute Infection Chronic Infection
 Pulmonary (Disease present only in lungs)
 Extra-pulmonary (No disease in lungs)
 Disseminated (Both pulmonary and extra-pulmonary locations)
 Bone Skin Eye CNS
 Other: _____

Diagnostic Information:

Laboratory name: _____

Microscopy: Positive smear Positive "wet prep"

Date: ____/____/____

Specimen: _____

Result: Positive Negative

Comments: _____

DNA Probe: Y N Result:

Culture: Y N

Date: ____/____/____

Specimen: _____

Result: Positive Negative

Comments: _____

Histopathology: Y N

Date: ____/____/____

Specimen: _____

Result: Positive Negative

Comments: _____

Serology: Y N

AGID ELISA Comp FX

Result Positive Negative Titer:

Radiology: Y N

X-ray Date: ____/____/____

CT Date: ____/____/____

MRI Date: ____/____/____

Other: _____ Date: ____/____/____

Location:

Chest Extremity Spine

Other: _____

Comments: _____

Did patient do any **wood or brush clearing or cutting** in the **3** months before the illness? Y N

Activity: _____

When/Where _____

Was patient near any **excavation** sites at home or elsewhere in the **3** months before the onset of illness?

Y/N

Activity: _____

When/Where _____

Has patient done any **gardening or landscaping** at home or elsewhere in the **3** months before the onset of illness? Y N

Activity: _____

When/Where _____

Has patient been near any **beaver dams or lodges** in the **3** months before the illness? Y N

Activity: _____

When/Where _____

Did patient have any **occupational exposures** to soil, wooded area, or boggy areas in the **3** months before the onset of illness? Y N

Employer: _____

Activity: _____

When/Where _____

Did patient **travel** in-state or out-of-state in the **3** months before the onset of illness? Y N

When/Where _____

When/Where _____

In what **county** did the patient's exposure likely occur? _____

Does patient currently **own a dog**? Y N

If yes, has the dog been diagnosed with blastomycosis? Y N

When? (Date or season and year of onset): _____

Vet name: _____ Telephone: _____

Have any of the patient's previously owned **dogs** diagnosed **with blastomycosis**? Y N

When? (Date or season and year of onset): _____

Did the dog live at the patient's current address? Y N

