DEPARTMENT OF HEALTH SERVICES
Division of Public Health

STATE OF WISCONSIN
(608) 267-9003

Botulism Testing Request
Screening Worksheet

Patient Information			
Patient's Name (Last) (First) (M.I.)	Date of Birth (mm/dd/yyyy)	Age	Gender Male / Female
Patient's Address City State Zip Code			
County of Residence	Home Telephone ( )	Work or Cell Telephone ( )	
Occupation or School, Day Care	Patient's Parent/ Guardian if patient is a minor		

Exposure Information (non-infant cases)				
Does patient have a history of consuming home canned food products?	Y	N	U	If yes, date & time consumed:
If yes, what food(s) and how were they prepared?				
Does patient have a history of a fresh, contaminated wound or injection drug use during past 2 weeks?	Y	N	U	If yes, describe
Has patient consumed _____ product?	Y	N	U	If yes, date & time consumed:

Clinical Information		
Hospital or Clinic providing care	Hospitalized? Yes / No / Unk	Admission Date (mm/dd/yyyy)
Physician's Name	Office Telephone ( )	Pager / Cell Telephone ( )
Symptoms:	Onset of illness (date & time of first symptoms)	

Non-Infant (Foodborne, Wound, other)	Y	N	U		Y	N	U
Descending paralysis				Difficulty breathing			
Double Vision				Muscle weakness			
Blurred Vision				Dizziness			
Drooping eyelids				Nausea			
Slurred speech				Abdominal cramps			
Dry mouth				Vomiting			
Difficulty swallowing				Diarrhea			
				Fever (highest temp. _____)			
Infant Botulism	Y	N	U		Y	N	U
Constipation				Poor feeding			
Lethargic				Pooled oral secretions			
Weakness				Poor muscle tone (especially in neck)			
Drooping eyelids				Descending paralysis			
Altered or weak cry				Fever (highest temp._____)			

Clinical Diagnostic Tests Which of the following tests have already been performed?	Y	N	Pending	Result(s)
CSF examination				CSF protein _____ mgm% WBC total
Electromyography (EMG)				BSAP noted?
Brain scan				
Tensilon test				

Treatment Has anti-toxin been requested or given?	☐ Requested Date:	☐ Given Date:	Has patient been Intubated? Yes / No Date:

Please fax completed worksheet to WDPH-CDES epidemiologist using secure fax: 608-261-4976.