



Coccidioidomycosis Report Form

Date form completed _____

1. Animal Dog Cat Horse Llama Other _____
 Name _____ Breed _____ Sex/Neut _____ Age _____

2. Animal Owner
 Name(s): _____
 Street: _____
 City, ZIP: _____
 Telephone: _____
 Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian
 Name of veterinarian or technician: _____
 Clinic Name: _____
 Address: _____
 City, ZIP: _____
 Telephone _____ Fax _____ E-mail: _____

4. Exposure History

Lives primarily outdoors (more than 50% of time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digs in soil frequently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lives within site of earth excavation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lives on a dirt road	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In dust storm within 2 months before illness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traveled outside Los Angeles County in 2 months before illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, please check areas of travel
 Southern California (outside of LA County) Central California/San Joaquin Valley
 Other U.S. State: _____ Mexico or Central /South America

5. Clinical Findings
 Date of onset of first symptoms _____ Date of presentation _____
 Date of death (if applicable) _____
 Highest body temperature measured _____
Check all that apply: Cough Fever Weight loss Lameness
 Enlarged lymph node(s) Eye lesions Pneumonia/Pulmonary
 Anatomic location of lesions: _____

6. Treatment (drug, duration): _____
 Potential drug resistance seen? Explain: _____

7. Laboratory results Please fax all laboratory results to us along with this form.