| Demographics | | | | | | |
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| Case # | Case Status | Name | Date of Birth | Male or Female | Age | County of Residence |
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| Lab Testing | | | | Infectious Period | | Symptpn | | | | |
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| Date of Testing | IgM Testing Result | CDC testing | Gentype | Start Date | End Date | Date of Symptom Onset | Jaundice (Y/N) | Nausea (Y/N) | Vomiting (Y/N) | Abdominal Pain (Y/N) |
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| | | | | | | | | | | | | | | | | | | | | | | Dark Urine (Y/N) | ns |
| | | | | | | | | | | | | | | | | | | | | | | Clay Colored Stool (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Anorexia (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Malaise (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Headache (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Fever (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Diarrhea (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | ALT/AST | |
| | | | | | | | | | | | | | | | | | | | | | | ER/Urgent Care | Hospitalization |
| | | | | | | | | | | | | | | | | | | | | | | Hospitalized (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Location | |
| | | | | | | | | | | | | | | | | | | | | | | Dates | |
| | | | | | | | | | | | | | | | | | | | | | | Food worker (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Homeless (Y/N) | |
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| | | | | | | | | | | | | | | | | | | | | | | IV Drug User (Y/N) | Risk Factors |
| | | | | | | | | | | | | | | | | | | | | | | Other (non-injection) drug use (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | Past Hx Drug Use | |
| | | | | | | | | | | | | | | | | | | | | | | HCV Status | |
| | | | | | | | | | | | | | | | | | | | | | | HBV Status | |
| | | | | | | | | | | | | | | | | | | | | | | Travel/location | |
| | | | | | | | | | | | | | | | | | | | | | | Incarcerated in the last 12 mos. (Y/N) | |
| | | | | | | | | | | | | | | | | | | | | | | If yes, name of facility | |
| | | | | | | | | | | | | | | | | | | | | | | Sexual | Epi-linked to a case |
| | | | | | | | | | | | | | | | | | | | | | | Household | |
| | | | | | | | | | | | | | | | | | | | | | | Drug | |
| | | | | | | | | | | | | | | | | | | | | | | Social | |
| | | | | | | | | | | | | | | | | | | | | | | Other (specify in comments) | |
| | | | | | | | | | | | | | | | | | | | | | | **Expired** | |

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