

Harmful Algal Bloom Initial Health Screening

1. Demographic and Contact info for complainant

Name _____ DOB: _____ Age: _____

Address: _____ Sex: F M Unk

City/State/Zip: _____ Phone: _____

2. Did the person have a suspected exposure to algae and/or algal toxins?

Yes No Unknown

3. Date (mm/dd/yyyy)

a. Date exposure-----

b. Date of illness onset -----

c. Duration of exposure -----

d. Duration of illness-----

e. Date of notification-----

6. Suspected exposure source

Recreational Water Drinking Water Food (finfish/shellfish) Unknown

Other _____

7. Water type (i.e., ocean, river, lake, community water, etc.) _____

8. Food type (i.e. grouper, oysters, etc.,) _____

9. Exposure activity description (i.e. swimming, eating shellfish, occupational, etc.)

10. Location of exposure (i.e. Body water's name and land mark)

11. Symptoms and signs of illness (e.g. tingling, burning, rash, nausea, vomiting, etc.)

Sign/symptom	Date of sign/symptom	Duration of sign/symptom

12. Health History

Does a person have a history of	(Yes/No/Unknown)	If Yes, please describe
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Please Fax completed forms to Division of Environmental Epidemiology – Waterborne Hazards Program
(804)864-8131

CDC OHHABS case definitions: <https://www.cdc.gov/habs/pdf/ohhabs-case-and-event-definitions-table-3-14-17.pdf>

CDC OHHABS Human report form: <https://www.cdc.gov/habs/pdf/ohhabs-human-form.pdf>

Animal report form: <https://www.cdc.gov/habs/pdf/ohhabs-animal-form.pdf>