

CD OUTBREAK INVESTIGATION-HEALTH CARE FACILITY			OUTBREAK CODE	
PREVENTIVE/PUBLIC HEALTH			YEAR	NO.
COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES				
<input type="checkbox"/> INITIAL REPORT _____		<input type="checkbox"/> INTERIM REPORT _____		<input type="checkbox"/> FINAL REPORT _____
DATE		DATE		DATE
FACILITY		ADDRESS	CITY	ZIP
				TELEPHONE NUMBER
DISEASE		NUMBER OF CASES		DISTRICT
		____CLINICAL ____LAB CONFIRMED		
INVESTIGATION MADE BY:	(NAME)	TITLE	LOCATION	DATE

COMMENTS: INCLUDE (1) NAMES, ONSET DATES, SYMPTOMS, TREATMENT, LABORATORY RESULTS; (2) CONTROL MEASURES TAKEN AND/OR RECOMMENDED; (3) FOLLOW-UP PLAN.

INSTRUCTIONS: Send COPIES to the Registrar in district of facility location; Acute Communicable Disease Control (two); Morbidity; Chief, Health Facilities.