

HEAT-RELATED ILLNESS WORKSHEET		REPORTER:	
Patient Name	Age or DOB	Race	Sex
Residence Street Address	Date of Illness	Week	
Residence City, State ZIP	Location where illness developed, (home, work – include address)		
County	City	State	Zip
Physician	Diagnosis		
Physician's Address	Physician's Phone Number		
Hospitalized? ☐ Y ☐ N	Date Hospitalized	Died? ☐ Y ☐ N	Date of Death
Hospital Name	Hospital Location		
Pre-existing Aggravating Medical Factors			
Contributing Activity (Working, Physical Exertion, Substance Use/Abuse, Recreational Activity, Other - explain)		Air Conditioning Available? ☐ Y ☐ N	In Use? ☐ Y ☐ N

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Contact the Bureau of Environmental Epidemiology, Hyperthermia Prevention staff, at (866) 628-9891 for more information. Please fax completed forms to your local health department.