

MRSA Pilot Report Form

March 1, 2009 – March 31, 2009

Roger Sanchez Metro Health—Epidemiology Section
332 W. Commerce St, San Antonio, TX 78205
FAX: 207-8807 Phone: 207-8876

Patient Name: _____
Last First MI

Address: _____
Street City State Zip Code

Phone Number: () _____ Date of Birth: _____ Age: _____

Gender: Male or Female Race: _____ Ethnicity: _____

Physician Name: _____
Last First

Address: _____
Street City State Zip Code County

Phone Number: () _____

Date of MRSA Culture: _____

Drug Susceptibility Results:

- | <input type="checkbox"/> Susceptibility Testing Not Performed | Culture Site: | Culture Type: |
|---|--|--|
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Arm | <input type="checkbox"/> Blood |
| <input type="checkbox"/> Cefazolin | <input type="checkbox"/> Leg | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> Gentamicin | <input type="checkbox"/> Axillary Region | <input type="checkbox"/> Tracheal Aspirate |
| <input type="checkbox"/> Oxacillin (Methicillin) | <input type="checkbox"/> Genital Region | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Buttock | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Trimeth/Sulfa | <input type="checkbox"/> Face | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Amoxicillin/clay | <input type="checkbox"/> Neck | |
| <input type="checkbox"/> Levofloxacin | <input type="checkbox"/> Ear | |
| <input type="checkbox"/> Tetracycline | <input type="checkbox"/> Back | |
| <input type="checkbox"/> Vancomycin | <input type="checkbox"/> Trunk | |
| <input type="checkbox"/> Ciprofloxacin | <input type="checkbox"/> Blood | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Trachea | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Lung | |
| | <input type="checkbox"/> Urine | |
| | <input type="checkbox"/> Other _____ | |