

**Staph Aureus Surveillance Reporting Form
Policy B-14.16 Attachment B**

Upon receipt of a positive MSSA or MRSA culture report, complete all fields on this form and promptly FAX it **along with a copy of the laboratory report** to the Office of Public Health at 936-437-3572

Last name: _____ First name: _____

TDCJ #: _____ Unit: _____

DOB: ___/___/___ Race: B H W O Sex: M F

Date cultured: _____

Culture result (check one): Methicillin-Resistant Staph Aureus (MRSA)
Methicillin-Sensitive Staph Aureus (MSSA)

Was this culture for (check one): Infection Nasal Colonization

If this was an infection:

Date onset signs/symptoms: ___/___/___

Location of skin lesion: N/A (not skin infection) Head and neck Upper extremity
 Torso Genitorectal Lower extremity Other

Type of Infection: Minor skin/soft tissue Serious skin/soft tissue Cellulitis
 Impetigo Pneumonia Sepsis Other
(specify) _____

