

Level I Data – Coral Disease Event Report

Event ID # _____ (Administrative Use Only)

***Required Information**

<p>*Observer Information</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Tele _____</p> <p>Email _____</p> <p>Affiliation _____</p> <p>Date of Observation (mm/dd/yy)</p> <p>_____</p>	<p>Location of Suspected Disease Event</p> <p>*Geographic locality (site, city, county, state)</p> <p>_____</p> <p>Name of Reef _____</p> <p>Reef Type if known _____</p> <p>GPS coordinates _____</p> <p>_____</p> <p>How many times have you dived on this reef?</p> <p>_____</p>
<p>Occurrence Details</p> <p>Single location Yes___ No___ Unk___</p> <p>Throughout Reef Yes___ No___ Unk___</p> <p>Multiple Reefs Yes___ No___ Unk___</p> <p>How many coral colonies? _____</p> <p>Coral types affected (circle) 1 2 >3</p> <p>*Recent Change Yes___ No___ Unk___</p> <p>*Previously observed? Yes___ No___ Unk___</p>	<p>Species Affected</p> <p>Genus _____</p> <p>Species _____</p> <p>Common name _____</p> <p>*Describe types _____</p> <p>(e.g., branching, boulder)</p>
<p>*Description of Affected Coral</p> <p>Color change Yes___ No___ Unk___</p> <p>Tissue loss Yes___ No___ Unk___</p> <p>Skeletal damage Yes___ No___ Unk___</p> <p>Growth anomaly Yes___ No___ Unk___</p> <p>Describe _____</p> <p>(any specific information you may have)</p>	<p>Data Collected</p> <p>Sea state _____</p> <p>Water temperature _____</p> <p>Water clarity _____</p> <p>Photographs _____</p> <p>Depth _____</p>

***General Description** of what you saw:

Thank you for filling in this form, your information will be used to assist in the study of coral disease. For additional information please see the webpage: http://www.coral.noaa.gov/coral_disease/cdhc.shtml It would be helpful to know where you obtained this form:

_____ (e.g., Web, Dive Shop, Nat. Park Serv., Nat. Mar. Sanc., Other-describe)