

# Confidential Faxable Communicable Disease Report

SRHD Communicable Disease Epidemiology

Phone: 509.324.1442 Fax: 509.324.3623



This form is **NOT** to be used for reporting of **TB, STDs, or HIV**

Date of Report \_\_\_\_\_

NECESSARY INFORMATION FOR REPORTING – please complete top section before faxing to SRHD				
PATIENT'S NAME _____ (LAST) (FIRST) (MI)		DATE OF BIRTH _____ (MM) (DD) (YYYY)	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Alaska Native	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PATIENT'S ADDRESS Street _____ Apt. # _____ City _____ State _____ Zip _____ Phone (H) _____ (C) _____ <b>Parent's</b> <b>Name</b> _____ <b>Phone</b> _____ Name of School, Daycare or Employment _____ Is this person a: <input type="checkbox"/> Food handler <input type="checkbox"/> Health care worker <input type="checkbox"/> Day care worker <input type="checkbox"/> Day care attendee		ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Other _____	
FACILITY		ATTENDING HEALTH CARE PROVIDER Name/Title _____ PHONE _____		DISEASE _____  DATE OF ONSET _____ PATIENT NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION – please provide where possible to expedite investigation			
Date collected, Source of specimen & Laboratory Test Results		Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No	Chief symptoms/complaints
Laboratory Name <input type="checkbox"/> Labcorp <input type="checkbox"/> Deaconess Medical Laboratories <input type="checkbox"/> Interpath <input type="checkbox"/> Quest <input type="checkbox"/> Kaiser <input type="checkbox"/> VA <input type="checkbox"/> Other _____		Comments	
<b>24-hr Message Line for Lab Reports</b> <b>509.324.1449</b>	<b>CD FAX line</b> <b>509.324.3623</b>	<b>State CD report line</b> <b>877.539.4344</b>	<b>24-hr Consultation with SRHD Duty Officer</b> <b>509.869.3133</b>

This fax contains PRIVILEGED & CONFIDENTIAL information intended for use only by the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver this information to the recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please call the phone of the sender listed above.