



# Confidential Notifiable Condition Report Form

Date of report:	Reporting Facility:
Phone:	Person preparing report:

## Patient Information

Patient Name (Last, First):		Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is patient deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Death:		Died from this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (street):		Apt #:	City:		State: ZIP:
Phone # (Home):		Phone # (Work):		Phone # (Cell):	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown					
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Occupation:		If minor, parent or guardian name:			
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Associated with a nursing home?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Food handler? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Associated with a health care facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Associated with a day care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Suspected foodborne or waterborne illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

## Emergency Contact Information

Contact Name:	Relationship:	Phone Number:
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### To be reported IMMEDIATELY

- Anthrax
- Influenza novel
- Botulism
- Chikungunya virus
- Coronavirus, novel (including SARS and MERS)
- Dengue Virus
- Diphtheria
- Lead, child blood & adult blood  $\geq 3.5$  ug/dl
- Measles
- Meningococcal infection, invasive (Neisseria meningitidis)
- Mpox
- Plague (Yersinia pestis)
- Rabies, human
- Smallpox
- Staphylococcus aureus, VISA and VRSA
- Tuberculosis (Mycobacterium tuberculosis complex)
- Tularemia
- Viral hemorrhagic fever (including Ebola)
- Yellow Fever
- Zika Virus
- Suspected outbreak (specify): \_\_\_\_\_

### Reporting of STD/HIV/AIDS/TB May ONLY be Faxed to 915-212-0170

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|---|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)</li> <li><input type="checkbox"/> Amebic meningitis and encephalitis</li> <li><input type="checkbox"/> Anaplasmosis</li> <li><input type="checkbox"/> Ascariasis</li> <li><input type="checkbox"/> Babesiosis</li> <li><input type="checkbox"/> Brucellosis</li> <li><input type="checkbox"/> Campylobacteriosis</li> <li><input type="checkbox"/> Candida auris</li> <li><input type="checkbox"/> Chagas Disease</li> <li><input type="checkbox"/> Chancroid</li> <li><input type="checkbox"/> Chickenpox (varicella)</li> <li><input type="checkbox"/> Chlamydia trachomatis infection</li> <li><input type="checkbox"/> Coccidioidomycosis (Valley fever)</li> <li><input type="checkbox"/> Cryptosporidiosis</li> <li><input type="checkbox"/> Cyclosporiasis</li> <li><input type="checkbox"/> Cysticercosis</li> <li><input type="checkbox"/> E. coli Shiga Toxin-producing (STEC)</li> <li><input type="checkbox"/> Echinococcosis</li> <li><input type="checkbox"/> Ehrlichiosis</li> <li><input type="checkbox"/> Enterobacteriaceae – Carbapenem (CRE)</li> <li><input type="checkbox"/> Fascioliasis</li> <li><input type="checkbox"/> Giardiasis</li> <li><input type="checkbox"/> Gonorrhoea</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Haemophilus influenzae, invasive</li> <li><input type="checkbox"/> Hansen’s Disease (leprosy)</li> <li><input type="checkbox"/> Hantavirus Infection</li> <li><input type="checkbox"/> Hemolytic Uremic Syndrome (HUS)</li> <li><input type="checkbox"/> Hepatitis A</li> <li><input type="checkbox"/> Hepatitis B (acute)</li> <li><input type="checkbox"/> Hepatitis C</li> <li><input type="checkbox"/> Hepatitis E (acute)</li> <li><input type="checkbox"/> Hepatitis B, perinatal (HBsAg+ &lt;24 months old) (child)</li> <li><input type="checkbox"/> Hookworm</li> <li><input type="checkbox"/> Human immunodeficiency virus (HIV), acute</li> <li><input type="checkbox"/> Human immunodeficiency virus (HIV), non-acute</li> <li><input type="checkbox"/> Influenza-associated pediatric mortality</li> <li><input type="checkbox"/> Legionellosis</li> <li><input type="checkbox"/> Listeriosis</li> <li><input type="checkbox"/> Lyme Disease</li> <li><input type="checkbox"/> Malaria</li> <li><input type="checkbox"/> Mumps</li> <li><input type="checkbox"/> Paragonimiasis</li> <li><input type="checkbox"/> Pertussis</li> <li><input type="checkbox"/> Polio</li> <li><input type="checkbox"/> Prion disease such as Creutzfeldt-Jakob disease (CJD)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Q Fever</li> <li><input type="checkbox"/> Rickettsiosis (Rocky mountain spotted fever, other)</li> <li><input type="checkbox"/> Rubella (including congenital)</li> <li><input type="checkbox"/> Salmonellosis, including typhoid fever</li> <li><input type="checkbox"/> Shigellosis</li> <li><input type="checkbox"/> St. Louis Encephalitis virus</li> <li><input type="checkbox"/> Streptococcus pneumoniae, invasive</li> <li><input type="checkbox"/> Syphilis (congenital and in pregnant women)</li> <li><input type="checkbox"/> Syphilis (any stage)</li> <li><input type="checkbox"/> Taenia solium and Undifferentiated Taenia infection</li> <li><input type="checkbox"/> Tetanus</li> <li><input type="checkbox"/> Tick-borne relapsing fever (TBRF)</li> <li><input type="checkbox"/> Trichinosis</li> <li><input type="checkbox"/> Trichuriasis</li> <li><input type="checkbox"/> Typhus</li> <li><input type="checkbox"/> Tuberculosis (latent)</li> <li><input type="checkbox"/> Vibrio infection including cholera</li> <li><input type="checkbox"/> West Nile Virus (neuroinvasive and fever)</li> <li><input type="checkbox"/> Yersiniosis</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul> |
|---|---|---|

## Clinical Information

Provider name:	Illness Onset Date:	Diagnosis Date:
Was the patient hospitalized for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospital Name:	

## Lab Information – Please fax copies of labs with this form

<input type="checkbox"/> Laboratory Confirmed	<input type="checkbox"/> Clinical Diagnosis	<p>Please fax or email this form with a copy of relevant lab reports to:</p> <p><b>Fax: 915-212-0170</b></p> <p><b>Email: <a href="mailto:epireporting@elpasotexas.gov">epireporting@elpasotexas.gov</a></b></p> <p><b>24/7 Notifiable Condition Reporting Phone Number: 915-212-6520</b></p> <p><b>This number is answered 24/7 for reportable conditions and epidemiology consults</b></p>
Specimen Collection Date	Test Type and Result	

## Treatment:

## Comments:

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