DEPARTMENT OF PUBLIC HEALTH
CONFIDENTIAL DISEASE/CONDITION REPORT

DATE: _____

DISEASE OR CONDITION: _____

CASE STATUS: ☐ Confirmed ☐ Suspected ☐ Clinical Diagnosis

Reporting Agency: _____

Submitted by: _____ **Phone Number:** _____

Patient's Name: _____ **Date of Birth:** _____ **Age:** _____

Sex: ☐ Male ☐ Female **Pregnant:** ☐ Yes ☐ No ☐ Unk **Death:** ☐ Yes ☐ No **Death Date:**_____

Ethnic origin: ☐Hispanic ☐Non-Hispanic **Race:** ☐ White ☐ Black ☐ Asian ☐ Other_____

Patient's Address: _____ **City / Zip Code:** _____

Patient's Telephone (Home): _____ **(Work)**:_____

Patient's Occupation: _____

School Name: _____ **Grade:** _____

Address: _____ **Phone Number:** _____

Date of Onset: _____ **Date of Diagnosis:** _____

Vaccine Date: _____ **Provider:** _____ ☐ Hx of Disease

Rash: ☐Mild ☐Moderate ☐Severe **Hospital Admission:** ☐ Yes ☐ No **Hospital Name:** _____

Date of Admission: _____ **Date of Discharge:** _____

Attending Physician: _____ **Phone Number:** _____

Specimen Source: _____ **Date Collected:** _____

Laboratory Test: _____ **Results:** _____

COMMENTS: _____

_____

_____

REPORT TO:
Department of Public Health
Epidemiology Program
PHONE: (915) 212-6520 FAX (915) 212-0170

Report taken by: _____ **Date entered to NBS**: _____ **Date entered to Epi DB:**_____

The HIPAA Privacy Rule [45 C.F.R. Section 164.512(b)] specifically allows public health disclosures for public health activities to protect the public safety and well being of our communities and residents.