

Reporting Form

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1.800.362.2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health concern
Plague	Rubella (Measles)	

REPORT ALL OTHER DISEASES BELOW.

Week Ending _____

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name Parent(If Applicable) _____			
	Address _____			
	Attending Physician _____			
	Name Parent(If Applicable) _____			
	Address _____			
	Attending Physician _____			

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: REPORT OVER 10% ABSENT ONLY. TOTAL ENROLLMENT:

	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					

REPORT NUMBER OF CASES ONLY	
___ CHICKEN POX	___ GASTROENTERITIS
___ ERYTHMA INFECTIOSUM (5 TH DISEASE)	___ INFLUENZA-LIKE ILLNESS(URI)