



**Please Print Legibly**

**Reporting facility:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Reporter name:** \_\_\_\_\_ **Reporter phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Physician Last name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Disease or Condition:** \_\_\_\_\_ **Date of onset:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Last name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Gender:** Male  Female  **Race:** American Indian/Alaskan  Asian  Black

**Ethnicity:** Hispanic  Not Hispanic  **Hawaiian/Pac Islander**  **White**  **Other**  \_\_\_\_\_

**Method of diagnosis:** clinical  laboratory  **Specific name of test:** \_\_\_\_\_

**Specimen (blood, CSF, sputum, stool, etc.):** \_\_\_\_\_ **Date lab specimen collected:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Food handler:** Yes  No  Unknown

**Child/worker in a daycare:** Yes  No

**Healthcare worker:** Yes  No  Unknown

**Pregnant:** Yes  No  **Due Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nursing Home:** Yes  No  Unknown

**Jail:** Yes  No

**Was the patient hospitalized** Yes  No  Unknown

**Admission date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Discharge date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason seen:** \_\_\_\_\_

**Died:** Yes  No  Unknown

**Other Lab Results, Treatments or Additional Comments:** (Please include test name, source, result and dates)

**Disease or Condition-Specific Information (Please complete if appropriate)**

**If Hepatitis:**

**Hep A IgM antibody:** Positive  Negative  Not Done

**LFT collection date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hep B IgM antibody:** Positive  Negative  Not Done

**Total bilirubin:** \_\_\_\_\_

**Hep B surface antigen:** Positive  Negative  Not Done

**SGOT (AST):** \_\_\_\_\_

**Hep C antibody:** Positive  Negative  Not Done

**SGPT (ALT):** \_\_\_\_\_

**(Signal to cut off ratio:** \_\_\_\_\_)

**Was patient jaundiced** Yes  No

**Does patient have previous diagnosis of Hepatitis** Yes  No

**Was patient symptomatic** Yes  No

**If Tickborne Disease:**

**Diagnostic Tests:** IgG titer: \_\_\_\_\_ IgM titer: \_\_\_\_\_ PCR: \_\_\_\_\_

**Symptoms:** Fever  Rash  Myalgia  Headache  Anemia  Leukopenia  Thrombocytopenia

**Elevated hepatic transaminases**  **Other** \_\_\_\_\_

**If Influenza:**

**Test Performed:** Rapid antigen: \_\_\_\_\_ PCR result: \_\_\_\_\_ Other: \_\_\_\_\_

**Vaccinated this season** Yes  No  Unknown

**If yes, Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_