



COMMUNITY HEALTH | DISEASE PREVENTION

General Communicable Disease Reporting Form

This form should not be used to report sexually transmitted infections or animal bites suspected of rabies exposure.

REPORTER INFORMATION

Today's date: Reporting organization:

Reported by: Title:

Phone: Email:

For immediately notifiable conditions, please submit this form and call us directly at 509-332-6752 during normal business hours. If outside of business hours, call the On-Duty WCPH Officer at 509-595-4834. To reach Washington State's CD reporting line, call 877-539-4344.

In addition to submitting a completed General Communicable Disease Reporting Form, the following documents should be directly attached to this form or can be faxed to 509-397-6239:

- Lab report
• Patient demographics page or face sheet
• Patient chart notes

PATIENT INFORMATION

Patient name: Last First Middle Initial Date of birth: mm/dd/yyyy

Sex: Female Male Intersex Ethnicity: Hispanic Not Hispanic Unknown

Race: American Indian/Alaskan Native Black/African American
Native Hawaiian/Other Pacific Islanders White Asian Unknown

Address: Street Address City State Zip Code

Phone: Email:

If the patient is a minor, parent/guardian name:

Patient is a: Food handler Health care worker Childcare staff/attendee School staff/student

Name of school, childcare, or employment:

CONDITION INFORMATION

Notifiable condition (Diagnosis):

Chief complaint: Symptom onset date: mm/dd/yyyy

Has the patient or parent/guardian been notified? Yes No

Treatment given: Yes, Name, Dosage & Start Date No

ADDITIONAL INFORMATION | Please provide to expedite the investigation.

Specimen collection date & time: Source of specimen:

Specimen type: NP Nasal swab Blood Other:

Test performed: PCR NAAT Antigen Culture Antibody/Serology Other:

Laboratory name: Ordering provider:

Possible infection source: Person Travel Animal Food Water Environment Unknown