



# REPORTABLE DISEASE FAX FORM

Please print clearly or fill out online. Use other reporting form for HIV and STD.  
Confidential **Fax:** (360) 425-7531 or **during business hours\* call** (360) 414-5599 x 6431

PATIENT INFORMATION		REPORTER INFORMATION
Patient's Name (last, first and middle initial):		Today's Date (m/d/yr):
Date of Birth (m/d/yr):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Person Reporting: (name and title):
Patient's Address:	Apt #:	Agency:
City:	Zip Code:	Phone:
Phone Number (home):	Phone Number (other):	Please send: <input type="checkbox"/> lab report with this fax, <i>and</i> <input type="checkbox"/> immunization information, if relevant
Disease:		
Symptom onset date (m/d/yr):		
Treatment Given (dose, start date, duration):		
Have you notified the patient/parent/guardian?                      Yes      No		

Additional Information	
Please provide to expedite investigation	
Chief Symptoms/Complaints:	
Name of school, child care or employer:	Possible Source of Infection: <input type="checkbox"/> Travel <input type="checkbox"/> Food <input type="checkbox"/> Drinking water <input type="checkbox"/> Animal <input type="checkbox"/> Environment <input type="checkbox"/> Unknown <input type="checkbox"/> Person <input type="checkbox"/> Recreational water
Race: <input type="checkbox"/> Am. Indian/AK Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Native HI/other PI <input type="checkbox"/> Unknown	Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments:	

**Call (360) 414-5599 x 6431 and speak with a staff member immediately if you confirm or suspect the following:**

Animal Bites (when human exposure to rabies is suspected)	Emerging condition with outbreak potential	Rabies (confirmed human or animal) Rabies (suspected human exposure)
Anthrax	<i>Haemophilus influenzae</i> (invasive disease, children < age 5)	Rubella (including congenital rubella syndrome) SARS
Botulism (foodborne, wound, infant)	Influenza, novel or untypable strain	Smallpox Tuberculosis
<i>Burkholderia mallei</i> (Glanders) and <i>pseudomallei</i> (Meliodiosis)	Measles (rubeola) acute disease only	Tularemia
Cholera	Meningococcal disease (invasive)	Vaccinia transmission
Diphtheria	Monkeypox	Viral hemorrhagic fever
Disease of suspected bioterrorism origin	Outbreaks (suspected foodborne or waterborne)	Yellow fever
Domoic acid poisoning	Paralytic shellfish poisoning	
<i>E. coli</i> (Shiga toxin-producing infections including but not limited to <i>E. coli</i> O157:H7)	Plague	
	Poliomyelitis	

\* **Business hours:** Monday - Friday, 8:30 am - 12 pm & 1 pm - 4:30 pm (excluding holidays)  
For **URGENT issues outside business hours, call** (360) 636-9595

Adapted from Tacoma-Pierce County Health Department