



Communicable Disease Reporting Form

FAX (734) 544-6706 (Confidential fax)

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- | | | |
|--|--|---|
| <input type="checkbox"/> Anaplasmosis | <input type="checkbox"/> Hemorrhagic fever viruses | <input type="checkbox"/> Q fever |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Babesiosis | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Blastomycosis | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> <i>Rickettsia sp</i> (Spotted Fever) |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Hepatitis D | <input type="checkbox"/> Rubella, inc. Rubella syndrome |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Hepatitis E | <input type="checkbox"/> Salmonellosis |
| <input type="checkbox"/> <i>Campylobacter</i> enteritis | <input type="checkbox"/> Histoplasmosis | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> HIV | <input type="checkbox"/> <i>Staphylococcus aureus</i> , MRSA (outbreaks only) |
| <input type="checkbox"/> Chickenpox (varicella) | <input type="checkbox"/> Influenza (lab-confirmed) | <input type="checkbox"/> <i>Streptococcal pyogenes</i> , group A, sterile sites |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Kawasaki disease | <input type="checkbox"/> <i>Streptococcus pneumoniae</i> , sterile sites |
| <input type="checkbox"/> Cholera (<i>Vibrio sp</i>) | <input type="checkbox"/> Legionellosis | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Coccidioidomycosis | <input type="checkbox"/> Leprosy (or Hansen's disease) | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Coronaviruses (MERS-CoV, SARS) | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Toxic shock syndrome |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Trachoma |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Trichinellosis |
| <input type="checkbox"/> Dengue fever | <input type="checkbox"/> <i>Lymphogranuloma venereum</i> | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> Ehrlichiosis | <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Typhoid fever |
| <input type="checkbox"/> <i>E. coli</i> , shiga toxin | <input type="checkbox"/> Melioidosis | <input type="checkbox"/> Typhus |
| <input type="checkbox"/> Encephalitis, viral | <input type="checkbox"/> Meningitis, aseptic (viral) | <input type="checkbox"/> West Nile Virus |
| <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Meningitis, other bacterial | <input type="checkbox"/> Yellow fever |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Meningococcal disease | <input type="checkbox"/> <i>Yersinia enterocolitica</i> |
| <input type="checkbox"/> Guillain-Barre syndrome | <input type="checkbox"/> Mumps | <input type="checkbox"/> Unusual occurrence or outbreak |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> , invasive | <input type="checkbox"/> Pertussis | |
| <input type="checkbox"/> Hantavirus pulmonary syndrome | <input type="checkbox"/> Plague | |
| <input type="checkbox"/> Hemolytic-uremic syndrome (HUS), post diarrheal | <input type="checkbox"/> Poliomyelitis | |
| | <input type="checkbox"/> Prion disease, including CJD | |
| | <input type="checkbox"/> Psittacosis | |

Name (Last, First) **Birth date** **Sex** **Race**

Address **City** **Zip**

Phone # **Phone #** **Today's date**

Visit/test date **Type of Test** **Hospitalized:** Yes No

Type of treatment **Treatment date**

Health provider name **Provider phone #**

Name of reporting person **Phone #**

Comments (e.g. relevant vaccine history, known contacts, recent travel, parent name if child <18 yr):