FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM

(Please complete the following information to report the suspect or diagnosis of a disease which is reportable under *Florida Administrative Code* 64D-3.)

DH2136,10/06

Patient Information:

Last Name | Area Code + Phone Number | ☐ Please check here if you would like more copies of the form

First Name | MI | Date of Birth (MMDDYYYY) | Social Security Number (no dashes)

Address

City | State | Zip Code

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/AlaskaNative ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Other: _____

Disease Specific Information:

Date of Onset: | Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No | Discharge Date:

Hospital Name:

Medicaid Number or Insurance:

Pregnancy Status: ☐ Not Pregnant ☐ Pregnant Number of Months___

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in *F.A.C.* 64D-3.

Report immediately upon:

! = Initial suspicion 24/7 by phone

☎ = Diagnosis 24/7 by phone

- ☐ Anthrax ☎ !
- ☐ Botulism, foodborne ☎ !
- ☐ Botulism, infant
- ☐ Botulism, other/wound/unspecified ☎ !
- ☐ Brucellosis ☎ !
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Chancroid
- ☐ Chlamydia
- ☐ Cholera ☎ !
- ☐ Ciguatera fish poisoning
- ☐ *Clostridium perfringens* epsilon toxin
- ☐ Conjunctivitis, in neonatal ≤14 days
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ Diphtheria ☎ !
- ☐ Eastern equine encephalitis virus disease
- ☐ Ehrlichiosis, human granulocytic (HEG)
- ☐ Ehrlichiosis, human monocytic (HME)
- ☐ Ehrlichiosis, human other or unspecified species
- ☐ Encephalitis, other (non-arboviral)
- ☐ Enteric disease due to *Escherichia coli* O157:H7 ☎
- ☐ Enteric disease due to other pathogenic *Escherichia coli* ☎
- ☐ Giardiasis (acute)
- ☐ Glanders ☎ !
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ☐ *Haemophilus influenzae*, meningitis and invasive disease ☎ !
- ☐ Hansen's disease
- ☐ Hantavirus infection ☎
- ☐ Hemolytic uremic syndrome ☎
- ☐ Hepatitis, acute A ☎
- ☐ Hepatitis, acute B, C, D, E, G
- ☐ Hepatitis, chronic B, C
- ☐ Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- ☐ Herpes simplex virus (HSV) in infants up to six months
- ☐ HSV anogenital in children≤12 yrs
- ☐ Human papilloma virus (HPV) anogenital in children≤12 yrs
- ☐ HPV assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ HPV cancer associated strains
- ☐ Influenza – due to novel or pandemic strains ☎ !
- ☐ Influenza – assocated pediatric mortality in persons <18 yrs ☎
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☐ Listeriosis ☎
- ☐ Lyme disease
- ☐ Lymphogranuloma Venereum (LGV)
- ☐ Malaria
- ☐ Measles (Rubeola) ☎ !
- ☐ Melioidosis ☎ !
- ☐ Meningitis, bacterial, cryptococcal, other mycotic
- ☐ Meningococcal disease ☎ !
- ☐ Mercury poisoning
- ☐ Mumps
- ☐ Neurotoxic shellfish poisoning
- ☐ Pertussis ☎
- ☐ Pesticide-related illness and injury
- ☐ Plague ☎ !
- ☐ Poliomyelitis ☎ !
- ☐ Psittacosis (Ornithosis)
- ☐ Q Fever
- ☐ Rabies, animal ☎
- ☐ Rabies, human ☎
- ☐ Rabies possible exposure (animal bite) ☎ !
- ☐ Ricin toxicity ☎ !
- ☐ Rocky Mountain spotted fever
- ☐ Rubella ☎ !
- ☐ St. Louis encephalitis virus disease
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- ☐ Severe acute respiratory syndrome (SARS) ☎ !
- ☐ Shigellosis
- ☐ Smallpox ☎ !
- ☐ *Staphylococcus aureus*, intermediate or full resistance to vancomycin ☎
- ☐ Staphylococcus enterotoxin B ☎
- ☐ Streptococcal disease, invasive Group A
- ☐ *Streptococcal pneumoniae*, invasive disease
- ☐ Syphilis
- ☐ Syphilis, pregnancy or neonate ☎
- ☐ Tetanus
- ☐ Toxoplasmosis, acute
- ☐ Trichinellosis (Trichinosis)
- ☐ Tuberculosis (TB)
- ☐ Tularemia ☎ !
- ☐ Typhoid fever ☎
- ☐ Typhus fever, endemic
- ☐ Typhus fever, epidemic ☎ !
- ☐ Vaccinia disease ☎ !
- ☐ Varicella (chickenpox) Date of vaccination __/__/__
- ☐ Varicella mortality
- ☐ Venezuelan equine encephalitis virus disease ☎ !
- ☐ Vibriosis, Vibrio infections
- ☐ Viral hemorrhagic fevers ☎ !
- ☐ West Nile virus disease
- ☐ Western equine encephalitis virus disease
- ☐ Yellow fever ☎ !

☐ Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes: ☎ ! _____

Provider Information:

Name:

Address:

City, State, Zip:

Phone: ( ) Provider Fax: ( )

Email:

BRADFORD COUNTY HEALTH DEPARTMENT
(904) 964-7732 FAX (904) 964-3829

Medical Information:

Diagnosis Date:

Test Conducted? ☐ Yes ☐ No

Please attach lab record (if available)

Lab Name:

Lab Test Date: | Lab Results:

Treatment Provided? ☐ Yes ☐ No | Test Method:

Treatment:

Medical Record Number: