



**STATE OF FLORIDA, DEPARTMENT OF HEALTH, ALACHUA COUNTY  
HOSPITAL REPORT OF REPORTABLE COMMUNICABLE DISEASES**



DISEASE	PATIENT'S NAME SOCIAL SECURITY #	PATIENT'S PHONE # ADDRESS (Street, City, Zip)	DATE OF BIRTH	S E X	R A C E	LAB FACILITY/ DATE OF LAB	SPECIMEN SITE & LAB TYPE (eg. blood & culture)	PHYSICIAN'S NAME AND PHONE #

Section 381.0031(1), Florida Statutes 2003 provides that Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health. The county public health department serves as the Department's representative in this reporting requirement. Notifiable disease/conditions to be reported by telephone (preferred) or in writing within 48 hours to the county public health department by name, address, phone, date of onset, age, race, and sex listed below:

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

**NOTE: (T) Report immediately by phone @ 352-334-7900. Report form can be faxed to the Alachua County Health Department number 352-334-8818.**