

INTERSTATE RECIPROCAL NOTIFICATION OF DISEASE

INSTRUCTIONS

This notification should be sent to the State health officer concerned.

STATE HEALTH OFFICERS SHOULD SEND RECIPROCAL NOTIFICATION FOR:

- (1) Cases of all diseases having onset in one State but hospitalized in or transferring to another State.
(2) Cases of reportable diseases having onset within the State, but presumably infected in the State of usual residence (or other State).
(3) Cases regarding which epidemiological information or other public health action may be needed.

TO: State Health Officer, (State Health Department and Address)

Notification is hereby made of a case of carrier of person exposed to (Disease) in a person whose usual residence is said to be the State of

NAME OF PATIENT OR PERSON AGE SEX RACE/ETHNICITY
PLACE OF USUAL RESIDENCE (Street) (City or County) (State)
PRESENT ADDRESS (Street or Hospital) (City or County) (State)
NEW ADDRESS OR DESTINATION (Street) (City or County) (State)

Epidemiological investigation indicates that the patient was infected in (State)

- The patient will be isolated until recovery.
is going to the following destination:
has died.

This case was was not reported in the Morbidity and Mortality Weekly Report (MMWR) to the Centers for Disease Control by the State in which onset occurred.

Remarks: (Continue on reverse side if necessary)

REPORTING OFFICER STATE HEALTH DEPARTMENT DATE