OSCEOLA COUNTY HEALTH DEPARTMENT EPIDEMIOLOGY

Report of Communicable Disease Form*

***DO NOT FAX HIV/AIDS, STD, TB reports on this form. Contact those departments directly for reporting.**

Report Date:_____

STD: 407-343-2157 (phone); 407-343-2069 (fax)
AIDS/HIV: 407-343-2157 (phone)
TB Control: 407-343-2033 (phone); 407-343-2069 (fax)

Send Laboratory Report and This Form to:
Osceola County Health Department
Epidemiology
1875 Boggy Creek Road.
Kissimmee, Florida 34744
Phone: 407- 343-2155
Fax: 407- 343-2069

Chapter 381.0031(1, 2), Florida Statutes
"Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health".

Patient Information

Patient Name: _____ , _____ DOB:_____ Sex: M F

SSN: _____ Race:_____ Ethnicity:_____

Address: _____ Home phone:_(___)_____

_____ Work Phone: _(___)_____

Parent/Guardian: _____ Work Phone: _(___)_____

Disease Information

Reportable Disease:_____

Onset of symptoms:_____ Symptoms:_____
Mon day Year

Hospitalized: □ Yes □ No □ Unknown _____

Pregnant: □ Yes □ No □ Unknown _____

Treatment: _____ Date:_____

Laboratory Information

Specific lab test (s) performed: _____

Date(s) performed: _____ Where performed: _____

Results: _____ Pt. Notified of Results: □ Yes □No

_____ Culture source: _____

Facility Information

Physician/Provider: _____ Reporting Facility:_____

Reporting Staff Member: _____ Phone No: _____

Address of Reporting Facility: _____

Reported by: □Fax □Phone □Mail Consent to contact Pt.: □ Yes □ No