# Notifiable Disease Case Report

## Patient Information

**Report Date (Mo., Day, Yr.):**

___/___/___

**Name (Last, First, M.I.):**


**Parent or caretaker (if applicable):**


**DOB (Mo., Day, Yr.):**

___/___/___

**Age:**


**Sex:**

- Male
- Female

**Occupation:**


**Name of Employer or School:**


**Employer/School Address (Number, Street, City, Zip Code):**


## Medical Information

**Date of Death:**


**Date of Onset (Mo., Day, Yr.):**

___/___/___

**Diagnosis:***

- Clinical
- Lab confirmed
- Fatal (check one)
  - No
  - Yes
  - Date of Death:

**Chief Symptoms / Complaints:**

- cough
- nausea
- diarrhea
- headache
- joint pain
- coryza
- vomiting
- fever
- body aches
- rash

**Suspected source(s) of Infection (if known):***

- school/daycare
- home/relative
- park/outdoors
- work
- restaurant
- recreational water
- travel (where/dts:)
- other

**If Case Hospitalized (Name of Hospital/Medical Provider):**


**Admission Date:**

___/___/___

**Discharge Date:**

___/___/___

## Laboratory Information If Pertinent (attach copies if applicable)

<table>
<thead>
<tr>
<th>Name of Lab</th>
<th>Name of Test</th>
<th>Site Source</th>
<th>Result</th>
<th>Collection Date</th>
<th>Result Date</th>
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## Antibiotic Sensitivities (if applicable)

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<thead>
<tr>
<th>Antibiotic</th>
<th>Resistant</th>
<th>Intermediate</th>
<th>Susceptible</th>
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<tbody>
<tr>
<td>Ampicillin</td>
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<tr>
<td>Ceftriaxone</td>
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<td>Ciprofloxacin</td>
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<td>Levofoxacin</td>
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<td>Penicillin</td>
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<tr>
<td>Trimethoprim/</td>
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<tr>
<td>Sulfamethoxazole (Bactrim)</td>
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</table>

## Notes


## Reporter Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Reporter Name</th>
<th>Reporter Phone #</th>
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## DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE

- **Name (Person Receiving Report):**

- **Method of reporting:**
  - Phone
  - Fax
  - Mail
  - Other

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Any unusual illness, disease clusters or possible outbreaks should be reported **immediately** by telephone. Please fax all completed reports to 215-238-6947 or call 215-685-6748 to report by phone.

Revised 06/14/2018

If reporting influenza, animal exposure, TB, please use specific form.