Interstate Reciprocal Notification of Disease

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

Instructions

STATE HEALTH OFFICERS SHOULD SEND RECIPROCAL NOTIFICATION FOR:

(1) Cases of all diseases having onset in one State buy 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.

COVER SHEET

Delivery method: ◯ By Fax ◯ By Mail **Date:** _____

TO

Attn: _____

Organization: _____

Address: _____

City: _____ **State:** _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

FROM

Contact: _____

Address: _____

City: _____ **State:** _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Additional Remarks:

RECIPROCAL INFORMATION

Notification is hereby made of: ◯ Reciprocal Case Of ◯ Reciprocal Carrier Of ◯ Reciprocal Exposed To

The person is usually a resident of which state: _____

Merlin case #: _____

Name of Patient or Person: _____

Gender: ◯ Male ◯ Female ◯ Unk

Ethnicity: ◯ Hispanic ◯ Non-Hispanic ◯ Unk

DOB: _____

Race: ◯ American Indian/Alaska Native ◯ Asian/Pacific Islander ◯ Black ◯ White ◯ Other ◯ Unk

Place of usual residence: _____

City: _____ **State:** _____

Present address: _____

City: _____ **State:** _____

New address or destination: _____

City: _____ **State:** _____

Epidemiological investigation indicates that the patient was infected in: _____

The patient: ◯ Reciprocal Status Isolated ◯ Reciprocal Status Destination ◯ Reciprocal Status Dead

Was case reported in the Morbidity and Mortality Weekly Report (MMWR) to the Centers of Disease Control by the in which onset occurred? ◯ Yes ◯ No ◯ Unk

Comments: