Florida Department of Health, Practitioner Disease Report Form

Complete the following information to report the suspect or diagnosis of a disease which is reportable under *Florida Administrative Code* 64D-3.

☐ **Please check here if you would like more copies of the form.**

Patient Information

Last Name | **MI** | **First Name**

Date of Birth (MMDDYYYY) | **Social Security Number (no dashes)** | **Area Code + Phone Number (no dashes)**

Address | **City** | **State** | **Zip Code**

Gender: ☐ Male ☐ Female **Pregnant?** ☐ Yes, number of months_____ ☐ No **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian ☐ American ☐ Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Other_____

Disease Specific Information

Date of Onset: (MMDDYYYY) **Disease Fatal?** ☐ Yes ☐ No **Patient hospitalized?** ☐ Yes ☐ No **Discharge Date:** (MMDDYYYY)

Hospital Name: **Medicaid Number or Insurance:**

REPORT IMMEDIATELY UPON→→→ ! = Initial Suspicion 24/7 by Phone ☎ = Diagnosis 24/7 by Phone

(Disease or Condition Reporting for HIV/AIDS and HIV exposed newborns: please report per forms indicated in *F.A.C.* 64D-3.)

- ☐ Amebic encephalitis ☎
- ☐ Anaplasmosis
- ☐ Anthrax ☎ !
- ☐ Arsenic poisoning
- ☐ Botulism, foodborne ☎ !
- ☐ Botulism, infant
- ☐ Botulism, other/wound/unspecified ☎ !
- ☐ Brucellosis ☎ !
- ☐ California serogroup virus disease
- ☐ Campylobacteriosis
- ☐ Carbon monoxide poisoning
- ☐ Chancroid
- ☐ Chlamydia
- ☐ Cholera ☎ !
- ☐ Ciguatera fish poisoning
- ☐ Conjunctivitis, in neonates ≤14 days
- ☐ Creutzfeldt-Jakob disease (CJD)
- ☐ Cryptosporidiosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ Diphtheria ☎ !
- ☐ Eastern equine encephalitis virus disease
- ☐ Ehrlichiosis
- ☐ Encephalitis, other (non-arboviral)
- ☐ Enteric disease due to *Escherichia coli* O157:H7 ☎
- ☐ Enteric disease due to other pathogenic *Escherichia coli* ☎
- ☐ Giardiasis
- ☐ Glanders ☎ !
- ☐ Gonorrhea
- ☐ Granuloma inguinale
- ☐ *Haemophilus influenzae*, meningitis and invasive disease ☎ !
- ☐ Hansen's disease
- ☐ Hantavirus infection ☎
- ☐ Hemolytic uremic syndrome ☎
- ☐ Hepatitis, acute A ☎
- ☐ Hepatitis, acute B, C, D, E, G
- ☐ Hepatitis, chronic B, C
- ☐ Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- ☐ Herpes simplex virus (HSV) in infants up to 60 days old
- ☐ HSV anogenital in children ≤12 yrs
- ☐ Human papillomavirus (HPV) anogenital in children ≤12 yrs
- ☐ HPV assocated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- ☐ Influenza—due to novel or pandemic strains ☎ !
- ☐ Influenza—assocated pediatric mortality in persons <18 yrs ☎
- ☐ Lead poisoning
- ☐ Legionellosis
- ☐ Leptospirosis
- ☐ Listeriosis ☎
- ☐ Lyme disease
- ☐ Lymphogranuloma Venereum (LGV)
- ☐ Malaria
- ☐ Measles (Rubeola) ☎ !
- ☐ Melioidosis ☎ !
- ☐ Meningitis, bacterial, cryptococcal, other mycotic
- ☐ Meningococcal disease ☎ !
- ☐ Mercury poisoning
- ☐ Mumps
- ☐ Neurotoxic shellfish poisoning ☎
- ☐ Pertussis ☎
- ☐ Pesticide-related illness and injury
- ☐ Plague ☎ !
- ☐ Poliomyelitis ☎ !
- ☐ Psittacosis (Ornithosis)
- ☐ Q Fever
- ☐ Rabies, animal ☎
- ☐ Rabies, human ☎
- ☐ Rabies possible exposure (animal bite) ☎ !
- ☐ Ricin or other poisoning ☎ !
- ☐ Rocky Mountain spotted fever
- ☐ Rubella (including congenital) ☎ !
- ☐ St. Louis encephalitis virus disease
- ☐ Salmonellosis
- ☐ Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- ☐ Severe acute respiratory syndrome (SARS) ☎ !
- ☐ Shigellosis
- ☐ Smallpox ☎ !
- ☐ *Staphylococcus aureus,* mortality community associated
- ☐ *Staphylococcus aureus*, intermediate or full resistance to vancomycin ☎
- ☐ Staphylococcus enterotoxin B ☎
- ☐ Streptococcal disease, invasive Group A
- ☐ *Streptococcal pneumoniae*, invasive disease
- ☐ Syphilis
- ☐ Syphilis, pregnancy or neonate ☎
- ☐ Tetanus
- ☐ Toxoplasmosis, acute
- ☐ Trichinellosis (Trichinosis)
- ☐ Tuberculosis (TB)
- ☐ Tularemia ☎ !
- ☐ Typhoid fever ☎
- ☐ Typhus fever, endemic
- ☐ Typhus fever, epidemic ☎ !
- ☐ Vaccinia disease ☎ !
- ☐ Varicella (chickenpox), date of vaccination:___/___/___
- ☐ Varicella mortality
- ☐ Venezuelan equine encephalitis virus disease ☎ !
- ☐ Vibriosis, Vibrio infections
- ☐ Viral hemorrhagic fevers ☎ !
- ☐ West Nile virus disease
- ☐ Western equine encephalitis virus disease
- ☐ Yellow fever ☎ !

☐ Any case, cluster of cases, or outbreak not listed above that is of urgent public health significance ☎ !

Provider Information

Name:

Address:

City, State, Zip:

Phone: ( ) **FAX: ( )**

E-mail:

County Health Department Information

Phone: ( ) **FAX: ( )**

Medical Information

Diagnosis Date: (MMDDYYYY) **Test Conducted?** ☐ Yes ☐ No **(Please attach lab record if available.)**

Lab Name:

Lab Test Date: (MMDDYYYY) **Lab Results:**

Test Method:

Treatment Provided? ☐ Yes ☐ No

Treatment:

Medical Record Number: