



COMMUNICABLE DISEASE REPORT

Important Instructions: Please complete sections 1-3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS cases, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDSIS, go to <https://my.health.azdhs.gov/>.

State ID / MEDSIS ID	Date Received by County
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1. PATIENT INFORMATION

Patient's Name (Last, First, Middle)	Date of Birth	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Due date ____	
Street Address:	City:	State:	Zip code:	County:	Reservation:	Telephone#:
Patient's Occupation or School:	Guardian: (not necessary for STD)	Outcome: <input type="checkbox"/> Survived <input type="checkbox"/> Died Date: ____	Is the patient any of the following? <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Food worker/handler <input type="checkbox"/> School or childcare worker or attendee Facility Name & Address: ____			

2. REPORTABLE CONDITION INFORMATION / LAB RESULTS

Diagnosis or Suspect Reportable Condition		Onset Date	Diagnosis Date
LAB RESULTS	Date Collected: ____ Date Finalized: ____ Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other ____	Lab Test	Lab Result
	Date Collected: ____ Date Finalized: ____ Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other ____	Lab Test	Lab Result
	Date Collected: ____ Date Finalized: ____ Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other ____	Lab Test	Lab Result

3. REPORTER & PROVIDER INFORMATION

Reporting Source (Physician or other reporting source)	Facility
Street Address	City State Zip code Telephone#
Provider (if different from Reporter)	Facility
Provider Street Address	City State Zip code Telephone#
Laboratory Name, Address and Telephone#	

4. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV/AIDS

Diagnosis			
<input type="checkbox"/> Syphilis (specify below) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent (<1 year) <input type="checkbox"/> Late (> 1 year) <input type="checkbox"/> Congenital Mother's Name: ____ Mother's DOB: ____ <input type="checkbox"/> Other Syphilis <input type="checkbox"/> Neurological symptoms: ____	<input type="checkbox"/> Chlamydia <input type="checkbox"/> PID <input type="checkbox"/> Gonorrhea <input type="checkbox"/> PID <input type="checkbox"/> Herpes <input type="checkbox"/> Chancroid	<input type="checkbox"/> HIV/AIDS Risk Factors <input type="checkbox"/> IDU <input type="checkbox"/> Sex with IDU <input type="checkbox"/> Sex with males Date of Last Negative HIV Test: ____	Site of Infection <input type="checkbox"/> Genitalia <input type="checkbox"/> Rectum <input type="checkbox"/> Throat <input type="checkbox"/> Other Patient had Sexual Contact with: <input type="checkbox"/> Males only <input type="checkbox"/> Refused <input type="checkbox"/> Females only <input type="checkbox"/> Unknown <input type="checkbox"/> Both Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic partner <input type="checkbox"/> Unknown Sex Partners: # Sex partners ____ # Sex partners treated ____
Treatment			
Date	Drug	Dosage	
Date	Drug	Dosage	
Date	Drug	Dosage	

5. HEPATITIS PANEL

Hepatitis A Serology Results	
Hepatitis A Antibody (acute IgM anti-HAV)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis B Serology Results	
Hepatitis B surface Antigen (HBsAg)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis B core Antibody IgM (HBcAb-IgM)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis B core Antibody Total (HBcAb)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis B surface Antibody (HBsAb)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis B e Antigen (HBeAg)	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Symptoms consistent with acute hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Jaundice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Liver Function Test ALT: ____	AST: ____
Hepatitis C Serology Results	
Hepatitis C-EIA	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk s/co ratio: ____
Hepatitis C-RIBA	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis C-NAT/PCR	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unk
Hepatitis C-Viral Load	____
Liver Function Test ALT: ____	AST: ____

6. TUBERCULOSIS (TB)

Site of Disease <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Extrapulmonary
<input type="checkbox"/> TB Infection in a Child 5 and Under (Positive TB skin test result)
Medicine and Dosage