Communicable Disease Report for Healthcare Providers

ADHS

Healthcare providers are required to report selected communicable diseases, per Arizona Administrative Code R9-6-202.
Report communicable diseases to the local health agency (fax numbers below) or through MEDSIS (https://my.health.azdhs.gov/).
Visit http://azdhs.gov/providerreporting for the list of reportable conditions, this form, and other communicable disease reporting information.

Clear Form

1. Complete the PATIENT INFORMATION

Patient's Name (Last, First, Middle)

Date of Birth

Race (check all that apply): ☐White ☐Native American (list tribal affiliation)_____ ☐Black ☐Pacific Islander ☐Asian ☐Other ☐Unknown

Ethnicity ☐Hispanic ☐Non-Hispanic ☐Unknown

Gender ☐Male ☐Unknown ☐Female ☐Transgender

Parent/guardian (of minors) (Not necessary for STDs)

Street Address	City	State	Zip code	County	Reservation	Telephone #	Email

2. Complete the REPORTABLE CONDITION INFORMATION

Diagnosis or Suspect Reportable Condition

Illness Onset Date _____

Diagnosis Date _____

Risk & outcome information:

Patient's School or Occupation

***Write the school/facility/employer name in the Notes if any of these are checked.**

☐*Healthcare worker
☐*Food worker/handler
☐*School/childcare worker
☐*School/childcare attendee

Other occupation (specify) _____

Outcome
☐Survived
☐Died, date: _____

Pregnant
☐No
☐Unknown
☐Yes
Est. due date: _____

☐ Injection drug user (IDU)

If STDs, Hepatitis or HIV/AIDS:
Patient had sexual contact with:
☐Males only
☐Females only
☐Both
☐Unknown

Notes/Comments
(including school/facility/ employer name if above boxes are checked)

LAB RESULTS

Date Collected	Specimen Type	Lab Test
_____	☐Blood ☐CSF ☐NP swab	_____
Result Date	☐Stool ☐Urine ☐Other swab _____	**Lab Result**
_____	☐Sputum ☐Other _____	_____
Date Collected	**Specimen Type**	**Lab Test**
_____	☐Blood ☐CSF ☐NP swab	_____
Result Date	☐Stool ☐Urine ☐Other swab _____	**Lab Result**
_____	☐Sputum ☐Other _____	_____
Date Collected	**Specimen Type**	**Lab Test**
_____	☐Blood ☐CSF ☐NP swab	_____
Result Date	☐Stool ☐Urine ☐Other swab _____	**Lab Result**
_____	☐Sputum ☐Other _____	_____

If SEXUALLY TRANSMITTED DISEASES (STD) or HIV/AIDS:

If chlamydia or gonorrhea:
☐ with Pelvic Inflammatory Disease

If chlamydia, gonorrhea, chancroid, syphilis:
Sex partners in the last 2 months _____

If HIV/AIDS: Negative HIV test in last 6 months?
☐Yes ☐No ☐Unk

If syphilis: Symptoms at diagnosis
☐No symptoms
☐Chancre/lesion
☐Rash
☐Neurologic (incl. ocular, otic)
☐Other, specify _____

☐ Congenital syphilis (include mother's name and DOB in Comments at left)

STD Treatment

Date	Drug	Dosage
Date	Drug	Dosage
Date	Drug	Dosage

If HEPATITIS:

Acute hepatitis symptoms
☐Yes ☐No ☐Unk

Jaundice
☐Yes ☐No ☐Unk

Liver function test values (with units)
ALT: _____
AST: _____

Hepatitis Test Results

	Test	Result
A	Hepatitis A antibody (IgM anti-HAV)	☐Pos ☐Neg ☐Unk
B	Hepatitis B core antibody IgM (HBcAb-IgM)	☐Pos ☐Neg ☐Unk
	Hepatitis B surface antigen (HBsAg)	☐Pos ☐Neg ☐Unk
	Hepatitis B e antigen (HBeAg)	☐Pos ☐Neg ☐Unk
	Hepatitis B DNA/NAT	☐Pos ☐Neg ☐Unk
C	Hepatitis C-EIA	☐Pos ☐Neg ☐Unk
	Hepatitis C-NAT/PCR	☐Pos ☐Neg ☐Unk
	Hepatitis C-Viral Load	_____

If TUBERCULOSIS:

TB signs/symptoms
☐Yes
☐No
☐Unk

Chest imaging
☐ Consistent with TB
☐ Not consistent with TB
☐ Not performed

Site of disease
☐Pulmonary
☐Laryngeal
☐Other extrapulmonary

Initial Drug Regimen
Start date: _____
☐RIPE
☐Other _____

TB infection in a child <6 years old (positive TST / IGRA)? ☐Yes ☐No

3. Complete the FACILITY INFORMATION

Person making this report (Reporter) (Physician or other reporting source)
Name _____ Reporting Facility _____
Reporter Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____

Provider (if different from Reporter)
Name _____
Provider Facility _____
Provider Address _____
Telephone _____ Email _____

Laboratory (if testing performed)
Laboratory Name _____
Laboratory Address _____
Telephone _____

Fax numbers for local health departments: **Apache** (866) 804-8449; **Cochise** (520) 432-9479; **Coconino** (928) 679-7351; **Gila** (928) 425-0794; **Graham** (928) 428-8074; **Greenlee** (928) 865-1929; **La Paz** (928) 669-6703; **Maricopa non-STDs** (602) 372-8935; **Maricopa STDs** (602) 506-6916; **Mohave** (928) 718-1579; **Navajo** (928) 532-6054; **Pima** (520) 838-7538; **Pinal** (520) 866-2929; **Santa Cruz** (520) 375-7624; **Yavapai** (866) 271-9773; **Yuma** (928) 317-4620

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