COMMUNICABLE DISEASE REPORT FOR HEALTHCARE PROVIDERS

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://connect.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)	Ethnicity	Gender	Parent/guardian (of minors) (Not necessary for STDs)
		☐White ☐Black ☐Asian ☐Native American (list tribal affiliation)_____ ☐Pacific Islander ☐Other ☐Unknown	☐Hispanic ☐Non-Hispanic ☐Unknown	☐Male ☐Female ☐Transgender ☐Unknown	

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

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

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 non-STDs** (520) 432-9481; **Cochise STDs** (520) 384-0309; **Coconino** (928) 679-7351; **Gila** (928) 220-8618; **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