

Florida Department of Health, Practitioner Disease Report Form



Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code (FAC)*. This can be filled in electronically.

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: Male Female Unk
 Pregnant: Yes No Unk

Birth date: _____ Death date: _____

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

Ethnicity: Hispanic Non-Hispanic Unk

Address: _____

ZIP: _____ County: _____

City: _____ State: _____

Home phone: _____

Other phone: _____

Emer. phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ Date diagnosis: _____

Died: Yes No Unk

Hospitalized: Yes No Unk

Hospital name: _____

Date admitted: _____ Date discharged: _____

Insurance: _____

Treated: Yes No Unk

Specify treatment:

Laboratory testing: Yes No Unk Attach laboratory result(s) if available.

Provider Information

Physician: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Reportable Diseases and Conditions in Florida

! Notify upon suspicion 24/7 by phone **☎ Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your local county health department for these forms (visit <http://floridahealth.gov/chdecontact> to obtain CHD contact information). Congenital anomalies and neonatal abstinence syndrome notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. Cancer notification should be directly to the Florida Cancer Data System (see <http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

To obtain CHD contact information, see <http://floridahealth.gov/chdecontact>. See <http://floridahealth.gov/diseasereporting> for other reporting questions.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Amebic encephalitis ! <input type="checkbox"/> Anthrax <input type="checkbox"/> Arsenic poisoning <input type="checkbox"/> Arboviral disease not listed here <input type="checkbox"/> Botulism, infant ! <input type="checkbox"/> Botulism, foodborne ! <input type="checkbox"/> Botulism, wound or unspecified ! <input type="checkbox"/> Brucellosis <input type="checkbox"/> California serogroup virus disease <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> Carbon monoxide poisoning <input type="checkbox"/> Chancroid <input type="checkbox"/> Chikungunya fever ☎ <input type="checkbox"/> Chikungunya fever, locally acquired <input type="checkbox"/> Chlamydia ! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1) <input type="checkbox"/> Ciguatera fish poisoning <input type="checkbox"/> Conjunctivitis in neonate <14 days old <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD) <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cyclosporiasis <input type="checkbox"/> Dengue fever ☎ <input type="checkbox"/> Dengue fever, locally acquired ! <input type="checkbox"/> Diphtheria <input type="checkbox"/> Eastern equine encephalitis <input type="checkbox"/> Ehrlichiosis/anaplasmosis <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing <input type="checkbox"/> Giardiasis, acute | <ul style="list-style-type: none"> ! <input type="checkbox"/> Glanders <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Granuloma inguinale ! <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in child <5 years old <input type="checkbox"/> Hansen's disease (leprosy) ☎ <input type="checkbox"/> Hantavirus infection ☎ <input type="checkbox"/> Hemolytic uremic syndrome (HUS) ☎ <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B, C, D, E, and G <input type="checkbox"/> Hepatitis B surface antigen in pregnant woman or child <2 years old ☎ <input type="checkbox"/> Herpes B virus, possible exposure <input type="checkbox"/> Herpes simplex virus (HSV) in infant <60 days old <input type="checkbox"/> HSV, anogenital in child <12 years old <input type="checkbox"/> Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old <input type="checkbox"/> HPV, anogenital papillomas in child <12 years old ! <input type="checkbox"/> Influenza A, novel or pandemic strains ☎ <input type="checkbox"/> Influenza-associated pediatric mortality in child <18 years old <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leptospirosis ☎ <input type="checkbox"/> Listeriosis <input type="checkbox"/> Lyme disease <input type="checkbox"/> Lymphogranuloma venereum (LGV) <input type="checkbox"/> Malaria ! <input type="checkbox"/> Measles (rubeola) | <ul style="list-style-type: none"> ! <input type="checkbox"/> Melioidosis <input type="checkbox"/> Meningitis, bacterial or mycotic ! <input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Mercury poisoning <input type="checkbox"/> Mumps ☎ <input type="checkbox"/> Neurotoxic shellfish poisoning ☎ <input type="checkbox"/> Pertussis <input type="checkbox"/> Pesticide-related illness and injury, acute ! <input type="checkbox"/> Plague ! <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Psittacosis (ornithosis) <input type="checkbox"/> Q Fever ☎ <input type="checkbox"/> Rabies, animal ☎ <input type="checkbox"/> Rabies, human ! <input type="checkbox"/> Rabies, possible exposure ! <input type="checkbox"/> Ricin toxin poisoning <input type="checkbox"/> Rocky Mountain spotted fever or other spotted fever rickettsiosis ! <input type="checkbox"/> Rubella <input type="checkbox"/> St. Louis encephalitis <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning) ! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection <input type="checkbox"/> Shigellosis ! <input type="checkbox"/> Smallpox ☎ <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) | <ul style="list-style-type: none"> ☎ <input type="checkbox"/> Staphylococcal enterotoxin B poisoning <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in child <6 years old <input type="checkbox"/> Syphilis ☎ <input type="checkbox"/> Syphilis in pregnant woman or neonate <input type="checkbox"/> Tetanus <input type="checkbox"/> Trichinellosis (trichinosis) <input type="checkbox"/> Tuberculosis (TB) ! <input type="checkbox"/> Tularemia ☎ <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi) ! <input type="checkbox"/> Typhus fever, epidemic ! <input type="checkbox"/> Vaccinia disease <input type="checkbox"/> Varicella (chickenpox) ! <input type="checkbox"/> Venezuelan equine encephalitis <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! <input type="checkbox"/> Viral hemorrhagic fevers <input type="checkbox"/> West Nile virus disease ! <input type="checkbox"/> Yellow fever ! <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Please specify: |
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Comments