



FLORIDA DEPARTMENT OF HEALTH- DISEASE REPORT FORM

Please Check here if you would like more copies of this form.

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

Patient Information

Form fields for Patient Information: Last Name, First Name, MI, Date of Birth, Area Code + Phone Number, Social Security Number, Address, City, State, Zip Code, Gender, Race, Ethnicity, Pregnancy Status, Number Months.

Disease Specific Information

Form fields for Disease Specific Information: Date of Onset, Disease Fatal?, Patient Hospitalized?, Discharge Date, Hospital Name, Medicaid Number or Insurance.

Form fields for Ethnicity, Pregnancy Status, and Number Months.

Disease or Condition Reporting: For HIV/AIDS and HIV Exposed Newborns please report by phone to (850) 595-6337

☎ = Phone or Fax Immediately
! = Suspect, Immediate Report

- Comprehensive list of reportable diseases and conditions including Anthrax, Botulism, Brucellosis, Chlamydia, Cholera, Hepatitis, HIV, Influenza, Leptospirosis, Legionellosis, Listeriosis, Lyme disease, Malaria, Measles, Meningitis, Mumps, Rabies, Rocky Mountain Spotted Fever, Rubella, Salmonellosis, Saxitoxin poisoning, Severe acute respiratory Syndrome (SARS), Shigellosis, Smallpox, Staphylococcus aureus, Staphylococcus enterotoxin B, Streptococcal disease, Streptococcal pneumoniae, Syphilis, Tetanus, Toxoplasmosis, Trichinellosis, Tuberculosis, Tularemia, Typhoid fever, Typhus fever, Vaccinia disease, Varicella, Venezuelan equine encephalitis virus disease, Vibrio infections, West Nile virus disease, and Yellow fever.

Any Outbreak grouping or clustering of patients having similar disease, symptoms, syndromes:

Provider Information form fields: Provider Name, Address, City, State, Zip, Phone, Fax, Email.

Medical Information form fields: Medical Information, Diagnosis Date, Test Conducted?, Lab Name, Lab Test Date, Lab Results, Test Method, Treatment, Medical Record Number.

DH2136, 10/06
Fax to ECHD Epi (850)595-6268; for and others see pg. 2

