



Jeb Bush
Governor

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Secretary, Department of Health

This form is intended to be used in local pandemic phase 4
Please fax information to the ECHD at 850-595-6268

Patient Demographics:

Last First Middle Telephone (home) Telephone(work)

Address City, State, Zip County

Date of Birth: ____/____/____ Age ____ Sex: Male Female
MM DD YYYY

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown
Race: White Black Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 Unknown

Attending Physician Information:

Last First Hospital (Name and Address)

Telephone: (work) _____

Symptoms: Fever (max temp) _____ Chills Diarrhea Sore throat Cough

Weakness Other (specify) _____

Travel to affected areas? Yes No If yes location and date: _____

Contact with known case? Yes No If yes name and dob: _____

Illness Onset Date: ____/____/____

Treated? Yes No If yes: _____ / ____/____
Medication Name Dose Date Started

Outcome: Hospitalized Discharged Home Discharged to Alt. Care Expired date ____/____/____

Lab testing: Influenza A: negative positive
Influenza B: negative positive
Influenza (A/B not specified): negative positive

Specimen sent to state lab (Call the Health Department First Before Sending Specimen) ? Yes No

Please provide name(s) of individuals who could provide the CHD with accurate historical information. (this information will be used for contact tracing and prophylaxis if necessary)

First Last Telephone (home) (work) (cell)

First Last Telephone (home) (work) (cell)

Completed by _____ Date _____

"Trusted professionals protecting you since 1821"
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