

FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM

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

DH2136,10/06

Patient Information:

Last Name

Area Code + Phone Number

 Please check here if you would like more copies of the form

First Name

MI

Date of Birth (MMDDYYYY)

Social Security Number (no dashes)

Address

State

Zip Code

Gender:

Male

Ethnicity:

Hispanic

Female

Non-Hispanic

Unknown

City

Disease Specific Information:

Date of Onset: Disease Fatal? Yes No

Patient Hospitalized? Yes No Discharge Date:

Hospital Name:

Medicaid Number or Insurance:

Pregnancy Status:

Not Pregnant

Pregnant

Number of Months: _____

Race: White Other: _____

Black

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Unknown

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in F.A.C. 64D-3.

Report immediately upon:

= Initial suspicion 24/7 by phone

= Diagnosis 24/7 by phone

- Anthrax
- Botulism, foodborne
- Botulism, infant
- Botulism, other/wound/unspecified
- Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera
- Ciguatera fish poisoning
- Clostridium perfringens epsilon toxin
- Conjunctivitis, in neonatal ≤14 days
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria
- Eastern equine encephalitis virus disease
- Ehrlichiosis, human granulocytic (HEG)
- Ehrlichiosis, human monocytic (HME)
- Ehrlichiosis, human other or unspecified species
- Encephalitis, other (non-arboviral)
- Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes:

- Enteric disease due to *Escherichia coli* O157:H7
- Enteric disease due to other pathogenic *Escherichia coli*
- Giardiasis (acute)
- Glanders
- Gonorrhea
- Granuloma inguinale
- Haemophilus influenzae, meningitis and invasive disease
- Hansen's disease
- Hantavirus infection
- Hemolytic uremic syndrome
- Hepatitis, acute A
- Hepatitis, acute B, C, D, E, G
- Hepatitis, chronic B, C
- Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- Herpes simplex virus (HSV) in infants up to six months
- HSV anogenital in children ≤12 yrs
- Human papilloma virus (HPV) anogenital in children ≤12 yrs
- HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- HPV cancer associated strains
- Influenza – due to novel or pandemic strains
- Influenza – associated pediatric mortality in persons <18 yrs
- Lead poisoning
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphogranuloma Venereum (LGV)
- Malaria
- Measles (Rubeola)
- Melioidosis
- Meningitis, bacterial, cryptococcal, other mycotic
- Meningococcal disease
- Mercury poisoning
- Mumps
- Neurotoxic shellfish poisoning
- Pertussis
- Pesticide-related illness and injury
- Plague
- Poliomyelitis
- Psittacosis (Ornithosis)
- Q Fever
- Rabies, animal
- Rabies, human
- Rabies possible exposure (animal bite)
- Ricin toxicity
- Rocky Mountain spotted fever
- Rubella
- St. Louis encephalitis virus disease
- Salmonellosis
- Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- Severe acute respiratory syndrome (SARS)
- Shigellosis
- Smallpox
- Staphylococcus aureus, intermediate or full resistance to vancomycin
- Staphylococcus enterotoxin B
- Streptococcal disease, invasive Group A
- Streptococcal pneumoniae, invasive disease
- Syphilis
- Syphilis, pregnancy or neonate
- Tetanus
- Toxoplasmosis, acute
- Trichinellosis (Trichinosis)
- Tuberculosis (TB)
- Tularemia
- Typhoid fever
- Typhus fever, endemic
- Typhus fever, epidemic
- Vaccinia disease
- Varicella (chickenpox) Date of vaccination ___/___/___
- Varicella mortality
- Venezuelan equine encephalitis virus disease
- Vibriosis, Vibrio infections
- Viral hemorrhagic fevers
- West Nile virus disease
- Western equine encephalitis virus disease
- Yellow fever

Provider Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Provider Fax: () _____

Email: _____

Medical Information:

Diagnosis Date:

Test Conducted? Yes No

Please attach lab record (if available)

Lab Name: _____

Lab Test Date:

Lab Results: _____

Treatment Provided? Yes No

Test Method: _____

Treatment: _____

Medical Record Number: _____

To report a disease or condition to the Pinellas County Health Department by phone, call: 727-824-6932.

To report a disease or condition by fax (other than HIV/AIDS and HIV exposed newborns) use: 727-820-4270.