

Disease Report

Express Reporting		Patient's Name (Last) _____ (First) _____ (Middle) _____ (Day) _____ (Year) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Phone Number Home _____ Work _____	
Patient's Address Street _____ Apt. No. _____ P.O. Box _____ City _____ ZIP _____		Date of Birth (Day) _____ (Month) _____ (Year) _____		Race <input type="checkbox"/> Cauc. <input type="checkbox"/> Native Am. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Diagnosis (check one) <input type="checkbox"/> Clinical <input type="checkbox"/> Lab Confirmed <input type="checkbox"/> Both	
Date of Report _____		Disease _____		Date Onset Symptoms _____		Person Reporting Name/Title _____ Address _____ Phone Number _____	
Send More Cards _____		Attending Health Care Provider _____		Health Care Provider Phone # _____		_____	

Additional Information – Please provide where possible to expedite investigation			
Chief Symptoms / Complaints _____		Laboratory Test Results (source of specimen & date collected*) _____	
Name of School, Childcare or Employer _____		Possible Source of Infection _____	
Hospitalization Admission Date _____		Discharge Date _____	
ER Visit _____		_____	
Sexually Transmitted Diseases (206) 731-3590		Tuberculosis (206) 731-4579	
_____		Epidemiology (206) 296-4774	
_____		Epi 24 Hr. Report Line (206) 296-4782	
_____		401 Fifth Avenue, Suite 1250 Seattle, WA 98104	