SNOHOMISH HEALTH DISTRICT

COMMUNICABLE DISEASE SURVEILLANCE & RESPONSE
3020 Rucker Avenue, Suite 300
Everett, WA 98201-3900
425.339.5278 • www.snohd.org
fax 425.339.8706 • tty 425.339.5252

COMMUNICABLE DISEASE REPORT FORM *(Except TB or STD)*

DATE OF REPORT	**DISEASE** (OR ANIMAL BITE TYPE)	**DATE ONSET OF SYMPTOMS**

PATIENT'S NAME LAST: FIRST: MI:	**DATE OF BIRTH** (month/day/year)	**PARENT NAME (if minor)** LAST: FIRST:	**GENDER** ☐ Male ☐ Female

PATIENT'S ADDRESS STREET: APT. #: CITY: ZIP:	**PHONE NUMBER** HOME: CELL: LANGUAGE (if not English): _____	**WAS PATIENT INFORMED OF DIAGNOSIS?** ☐ YES ☐ NO ☐ UNKNOWN

HEALTH CARE PROVIDER CLINIC/HOSPITAL: NAME: PHONE #:	**PERSON REPORTING** NAME: PHONE #:

ADDITIONAL INFORMATION – Please provide when possible to expedite investigation

Chief Symptoms/Complaints	**Treatment Given** Start Date: Medication: Dose: Duration:	**Hospitalization** Admission Date: Discharge Date: ER Visit Date:

Comments *(For animal bites, please include any known info about situation and animal owner)*

PLEASE <u>FAX</u> THIS FORM <u>ALONG WITH THE LAB RESULT</u> TO:

Snohomish Health District CD at 425-339-8706

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