

Confidential Faxable Communicable Disease Report

SRHD Communicable Disease Epidemiology

Phone: 509.324.1442 Fax: 509.324.3623



*This form is **NOT** to be used for reporting of TB, STDs, or HIV*

Date of Report _____

NECESSARY INFORMATION FOR REPORTING – please complete top section before faxing to SRHD					
PATIENT'S NAME _____ (LAST) (FIRST) (MI)		DATE OF BIRTH _____ (MM) (DD) (YYYY)	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Alaska Native	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
PATIENT'S ADDRESS Street _____ Apt. # _____ City _____ State _____ Zip _____ Phone (H) _____ (C) _____ Parent's Name _____ Phone _____ Name of School, Daycare or Employment _____ Is this person a: <input type="checkbox"/> Food handler <input type="checkbox"/> Health care worker <input type="checkbox"/> Day care worker <input type="checkbox"/> Day care attendee		ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Other _____	
		DISEASE		DATE OF ONSET	PATIENT NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
FACILITY		ATTENDING HEALTH CARE PROVIDER Name/Title			
		PHONE			

ADDITIONAL INFORMATION – please provide to expedite investigation			
DATE COLLECTED	TEST RESULT (please list all tests/results for hepatitis, use Comments section if needed)	Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF SPECIMEN		Chief symptoms/complaints	
Laboratory Name <input type="checkbox"/> Labcorp <input type="checkbox"/> Deaconess Medical Laboratories <input type="checkbox"/> Interpath <input type="checkbox"/> Quest <input type="checkbox"/> Kaiser <input type="checkbox"/> VA <input type="checkbox"/> Other _____		Comments	
24-hr Message Line for Lab Reports 509.324.1449	CD FAX line 509.324.3623	State CD report line 877.539.4344	24-hr Consultation with SRHD Duty Officer 509.869.3133
Visit https://srhd.org/for-health-care-providers for more reporting forms & resources			

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If you have received this communication in error, please call the phone of the sender listed above. Revised 10/2021