

REPORTABLE DISEASE FAX FORM

Print clearly and fax to (360) 813-1168 or call reporting line (360) 728-2235. Use other reporting forms for HIV/STD/TB.

DISEASE	TODAY'S DATE

PATIENT INFORMATION	
Patient's name (last, first and middle initial)	
Date of birth (m/d/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient address	
City	State Zip Code
Phone number (home)	Phone number (other)

REPORTER INFORMATION
Person reporting (name and title)
Agency
Contact phone
Please send: <input type="checkbox"/> Lab report with this fax* <input type="checkbox"/> Immunization information (if relevant)
Have you notified the patient/parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL PATIENT INFORMATION	
Name of school, childcare, or employer:	Hispanic/Latinx ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Race: <input type="checkbox"/> Am. Indian/AK Native <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	

ADDITIONAL DISEASE INFORMATION		
Chief symptoms/complaints:		
Symptom onset date (m/d/yy):	Test specimen collection date (m/d/yy):	Test type:
Possible source of infection: <input type="checkbox"/> Travel <input type="checkbox"/> Animal <input type="checkbox"/> Person <input type="checkbox"/> Food <input type="checkbox"/> Environment <input type="checkbox"/> Recreational water <input type="checkbox"/> Drinking water <input type="checkbox"/> Unknown		
Treatment given (dose, start date, duration):		
Comments		

Call (360) 728-2235 to speak with a communicable disease staff member immediately if you confirm/suspect the following:		
Animal bites (when human exposure to rabies is suspected) Anthrax Botulism (foodborne, wound, infant) <i>Burkholderia mallei</i> (Glanders) and <i>pseudomallei</i> (Melioiodosis) Cholera Diphtheria Disease of suspected bioterrorism origin Domoic acid poisoning <i>E. coli</i> (Shiga toxin-producing infections including but not limited to <i>E. coli</i> O157:H7)	Emerging condition with outbreak potential <i>Haemophilus influenzae</i> (invasive disease, children < age 5) Influenza, novel or untypable strain Measles (rubeola) acute disease only Meningococcal disease (invasive) Monkeypox Outbreaks (suspected foodborne or waterborne) Paralytic shellfish poisoning Plague Poliomyelitis	Rabies (confirmed human or animal) Rabies (suspected human exposure) Rubella (including congenital rubella syndrome) SARS Smallpox Tuberculosis Tularemia Vaccinia transmission Viral hemorrhagic fever Yellow fever