

Seminole County Health Department Report of Communicable Disease Form

Send Laboratory Report and This Form to:

Seminole County Health Department
Epidemiology/ Hepatitis
400 West Airport Blvd.
Sanford, FL 32773- Fax # 407-665-3214
Epidemiology (407) 665-3294 or 665-3018
Hepatitis-407-665-3019 or 665-3379

Chapter 381.0031(1,2), Florida Statute
“Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnose or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.”

Please, it is important to fill out all fields for reporting

Patient Information

Patient Name: _____	DOB: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	City: _____	State: _____
Zip Code: _____	Social Security #: _____	Race: _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		

Disease Information

Reportable Disease: _____
Onset of Symptoms: _____ Symptoms: _____
Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____

Laboratory Information

PLEASE FAX A COPY OF THE LAB RESULT

Specific lab test (s) performed: _____
Date (s) Performed: _____ Where Performed: _____
Results: _____ Pt. Notified of Results: <input type="checkbox"/> Yes <input type="checkbox"/> No
Culture Source: _____

Facility Information

Physician/Provider: Reporting Facility: _____
Reporting Staff Member: _____ Phone No: _____
Address of Reporting Facility: _____
Reported by: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mail Consent to contact Pt: <input type="checkbox"/> Yes <input type="checkbox"/> No