

# Notifiable Condition Report Form



Print clearly or fill out electronically. Use other forms to report STDs, HIV, TB or perinatal hepatitis C—see [tpchd.org/notifiableconditions](http://tpchd.org/notifiableconditions).

Submit completed form to our **Confidential Fax (253) 649-1389** or **24-Hour Reporting Phone Line (253) 649-1413**.

| Patient information   |  | Reporting person information   |  |
|---|--|--|--|
| Patient name <i>last, first, middle initial</i>                 |  | Today's date <i>m/d/yy</i>   |  |
| Date of birth <i>m/d/yy</i>                                     | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | Reporting person <i>name and title</i>   |  |
| Address   |  | Agency   |  |
| City  | Zip code   | Phone  |  |
| Phone <i>home</i>   | Phone <i>other</i>   | Send<br><input type="checkbox"/> Lab report with this fax, and<br><input type="checkbox"/> Immunization information, if relevant |  |
| Race  |  | Ethnicity  |  |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> Asian   | <input type="checkbox"/> Hispanic  |  |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> White   | <input type="checkbox"/> Not Hispanic  |  |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Unknown   |  |

| Condition information  |  |  |  |
|--|--|--|--|
| Notifiable condition   |  | Symptom onset date <i>m/d/yy</i>   |  |
| Treatment given <i>dose, start date, duration</i>                  |  | Have you notified patient/parent/guardian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Specimen collection date <i>m/d/yy</i>                             |  | Ordering facility  |  |
| Specimen type  | Test performed   | Test result  |  |
| <input type="checkbox"/> NP <input type="checkbox"/> Nasal swab    | <input type="checkbox"/> PCR <input type="checkbox"/> Antigen <input type="checkbox"/> Culture               | <input type="checkbox"/> Detected <input type="checkbox"/> Inconclusive                                |  |
| <input type="checkbox"/> Blood <input type="checkbox"/> Other_____ | <input type="checkbox"/> NAAT <input type="checkbox"/> Antibody/serology <input type="checkbox"/> Other_____ | <input type="checkbox"/> Not detected <input type="checkbox"/> Other_____                              |  |

| Additional information    |  |
|---------------------------|--|
| Chief symptoms/complaints |  |
| Employer/school/childcare | Possible source of infection<br><input type="checkbox"/> Travel <input type="checkbox"/> Person <input type="checkbox"/> Drinking water <input type="checkbox"/> Environment<br><input type="checkbox"/> Animal <input type="checkbox"/> Food <input type="checkbox"/> Recreational water <input type="checkbox"/> Unknown |
| Comments                  |  |

**If you suspect or confirm any of the following, immediately call (253) 649-1412 to speak with a nurse or disease investigator.**

- Animal bite (suspected human rabies exposure)
- Anthrax
- Botulism (foodborne, wound, infant)
- *Burkholderia mallei* (glanders) and *pseudomallei* (melioidosis)
- Cholera
- Diphtheria
- Disease of suspected bioterrorism origin
- Domoic acid poisoning (amnesic shellfish poisoning)
- *E. coli* (Shiga toxin-producing infections including but not limited to *E. coli* O157:H7)
- Emerging condition with outbreak potential
- *Haemophilus influenzae* (invasive disease) (children under 5 years)
- Hemolytic uremic syndrome
- Influenza (novel or unsubtypable strain)
- Measles (rubeola) (acute)
- Meningococcal disease (invasive)
- Monkeypox
- Outbreak (suspected foodborne or waterborne origin)
- Paralytic shellfish poisoning
- Pesticide poisoning (hospitalized, fatal, cluster)—**Call (800) 222-1222**.
- Plague
- Poliomyelitis
- Rabies (confirmed human or animal) (suspected human exposure)
- Rubella (include congenital rubella syndrome) (acute)
- SARS (severe acute respiratory syndrome)
- Shiga toxin-producing *E. coli* infections (including but not limited to *E. coli* O157:H7) (including post-diarrheal hemolytic uremic syndrome)
- Smallpox
- Tuberculosis
- Tularemia
- Vaccinia transmission
- Viral hemorrhagic fever
- Yellow fever