



Notifiable Condition Reporting Form For Healthcare Providers

Notifiable Condition:	Today's Date:/
	Date of Diagnosis://
Patient Name:Date of Birth:Definition	
Address:	-
Street City	Zip
Phone: Home () Cell: ()	
Please Complete All Information Below and FAX to JCPH @ 360-385-3878	
Additional Client Information Needed for Case Report:	
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian ☐ Other Race: Hispanic: ☐ Yes ☐ No	
Client Occupation or School & Grade:	
Name of Parent/Caregiver if patient is under 18:	
Onset date of symptoms:/ Date seen in office:/	
ER visit date:/ Date of hospital admission://	
Lab test and results: (FAX copy to (360) 385-3878) Attending Health	Care Provider: (Please PRINT Name)
Symptoms:	
Treatment:	
Medication(s)/dosage	Date of treatment://
Possible exposures, including recent travel:	
Other pertinent information, including predisposing conditions:	
Name of person completing form (please print) Signature	 Phone

When possible, please let your patient know that their condition is reportable to the Health Department and that a public health nurse will be contacting them to gather additional information about their illness. Informing your patient about the importance of this reporting process will help us to assess possible exposures and recommend specific steps to take to prevent disease transmission. We appreciate your help.