

Practitioner Disease Report Form

Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ).

Patient Information

SSN: _____

Last name: _____

First name: _____

Middle: _____

Parent name: _____

Gender: Male Female Unknown If female, pregnant: Yes No Unknown

Birth date: _____ **Death date:** _____

Race: American Indian/Alaska native White Asian/Pacific islander Other Black Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Address: _____

ZIP: _____ **County:** _____

City: _____ **State:** _____

Home phone: _____

Other phone: _____

Emergency phone: _____

Email: _____

Medical Information

MRN: _____

Date onset: _____ **Date diagnosis:** _____

Died: Yes No Unknown

Hospitalized: Yes No Unknown

Hospital name: _____

Date admitted: _____ **Date discharged:** _____

Insurance: _____

Treated: Yes No Unknown

Specify treatment:

Laboratory testing: Yes No Unknown **Attach laboratory result(s) if available**

Provider Information

Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Fax: _____

Email: _____

To obtain local county health department contact information, see www.FloridaHealth.gov/CHDEpiContact. See www.FloridaHealth.gov/DiseaseReporting for other reporting questions. HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your county health department for these forms (visit www.FloridaHealth.gov/CHDEpiContact to obtain contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. **Cancer** notification should be directly to the Florida Cancer Data System (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

Reportable Diseases and Conditions in Florida ! Notify upon suspicion 24/7 by phone 📞 Notify upon diagnosis 24/7 by phone

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|--|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Amebic encephalitis ! <input type="checkbox"/> Anthrax <input type="checkbox"/> Arsenic poisoning ! <input type="checkbox"/> Arboviral diseases not otherwise listed <input type="checkbox"/> Babesiosis ! <input type="checkbox"/> Botulism, foodborne, wound, and unspecified <input type="checkbox"/> Botulism, infant ! <input type="checkbox"/> Brucellosis <input type="checkbox"/> California serogroup virus disease <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> Carbon monoxide poisoning <input type="checkbox"/> Chancroid <input type="checkbox"/> Chikungunya fever 📞 <input type="checkbox"/> Chikungunya fever, locally acquired <input type="checkbox"/> Chlamydia ! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1) <input type="checkbox"/> Ciguatera fish poisoning <input type="checkbox"/> Conjunctivitis in neonates <14 days old <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD) <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cyclosporiasis ! <input type="checkbox"/> Dengue fever ! <input type="checkbox"/> Diphtheria <input type="checkbox"/> Eastern equine encephalitis <input type="checkbox"/> Ehrlichiosis/anaplasmosis <input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing <input type="checkbox"/> Giardiasis, acute ! <input type="checkbox"/> Glanders | <ul style="list-style-type: none"> <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Granuloma inguinale ! <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children <5 years old <input type="checkbox"/> Hansen's disease (leprosy) 📞 <input type="checkbox"/> Hantavirus infection 📞 <input type="checkbox"/> Hemolytic uremic syndrome (HUS) 📞 <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B, C, D, E, and G <input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children <2 years old 📞 <input type="checkbox"/> Herpes B virus, possible exposure <input type="checkbox"/> Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old <input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old ! <input type="checkbox"/> Influenza A, novel or pandemic strains 📞 <input type="checkbox"/> Influenza-associated pediatric mortality in children <18 years old <input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL) <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leptospirosis 📞 <input type="checkbox"/> Listeriosis <input type="checkbox"/> Lyme disease <input type="checkbox"/> Lymphogranuloma venereum (LGV) <input type="checkbox"/> Malaria ! <input type="checkbox"/> Measles (rubeola) | <ul style="list-style-type: none"> ! <input type="checkbox"/> Melioidosis <input type="checkbox"/> Meningitis, bacterial or mycotic ! <input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Mercury poisoning <input type="checkbox"/> Mumps 📞 <input type="checkbox"/> Neurotoxic shellfish poisoning 📞 <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) 📞 <input type="checkbox"/> Pertussis <input type="checkbox"/> Pesticide-related illness and injury, acute ! <input type="checkbox"/> Plague ! <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Psittacosis (ornithosis) <input type="checkbox"/> Q Fever 📞 <input type="checkbox"/> Rabies, animal or human ! <input type="checkbox"/> Rabies, possible exposure ! <input type="checkbox"/> Ricin toxin poisoning <input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses ! <input type="checkbox"/> Rubella <input type="checkbox"/> St. Louis encephalitis <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning) ! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection <input type="checkbox"/> Shigellosis ! <input type="checkbox"/> Smallpox 📞 <input type="checkbox"/> Staphylococcal enterotoxin B poisoning | <ul style="list-style-type: none"> 📞 <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) <input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old <input type="checkbox"/> Syphilis 📞 <input type="checkbox"/> Syphilis in pregnant women and neonates <input type="checkbox"/> Tetanus <input type="checkbox"/> Trichinellosis (trichinosis) <input type="checkbox"/> Tuberculosis (TB) ! <input type="checkbox"/> Tularemia 📞 <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi) ! <input type="checkbox"/> Typhus fever, epidemic ! <input type="checkbox"/> Vaccinia disease <input type="checkbox"/> Varicella (chickenpox) ! <input type="checkbox"/> Venezuelan equine encephalitis <input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! <input type="checkbox"/> Viral hemorrhagic fevers <input type="checkbox"/> West Nile virus disease ! <input type="checkbox"/> Yellow fever ! <input type="checkbox"/> Zika fever ! <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Specify in comments below. |
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Comments:

Coming soon:
"What's Reportable?" app
 for iOS and Android