



# Chelan-Douglas Health District

## Notifiable Condition Report Form

Submit completed form to our **confidential fax (509) 886-6478 or call (509) 886-6400** Monday - Thursday 9AM - 5PM and Friday 9AM - 12PM. Hablamos español. To report an urgent public health concern after-hours call: (509) 886-6499

Patient information		
Patient name <i>last, first, middle initial</i>		
Date of birth <i>m/d/yy</i>	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex	
Address		
City	Zip	
Phone <i>home</i>	Phone <i>other</i>	
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown

Reporting person information	
Today's date <i>m/d/yy</i>	
Reporting person <i>name and title (please print)</i>	
Agency	
Phone	
Send <input type="checkbox"/> Lab report with this fax, and <input type="checkbox"/> Immunization information, if relevant	

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

Additional information	
Chief symptoms/complaints	
Employer/school/childcare	Possible infection source <input type="checkbox"/> Travel <input type="checkbox"/> Person <input type="checkbox"/> Drinking water <input type="checkbox"/> Environment <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 (509) 886-6400.

- 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 old)
- Hemolytic uremic syndrome
- Influenza (novel or unsubtypeable 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 (including 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