REPORTABLE DISEASE CARD

PLEASE ANSWER EVERY QUESTION ON THE CARD

DISEASE ______________________

PATIENT'S NAME ______________________

ADDRESS ______________________

CITY ______________ **STATE** ________ **ZIP** ________

PHONE ______________ **COUNTY** ______________

AGE: ________ ☐ Years ☐ Months ☐ Days **GENDER:** ☐ Male ☐ Female

HISPANIC ETHNICITY: ☐ Yes ☐ No ☐ Unk **PREGNANT:** ☐ Yes ☐ No

RACE: ☐ White ☐ Black ☐ American Indian ☐ Native Hawaiian / Pacific Islander ☐ Asian ☐ Other ☐ Unknown

DATE OF SYMPTOM ONSET
/ /

DATE OF SPECIMEN COLLECTION
/ /

DATE OF THIS REPORT
/ /

DATE OF BIRTH
/ /

Was patient hospitalized?

☐ Yes Name of Hospital: ______________________

☐ No

Did patient die due to this disease?

☐ Survived

☐ Died Date of Death ____/____/____

How was diagnosis made? ☐ Clinical ☐ Laboratory Date of Final Result: / /

Name of Laboratory:

Hepatitis Panel Results: Check all applicable boxes.

Pos	Neg	Not Done		Pos	Neg	Not Done		Pos	Neg	Not Done	
☐	☐	☐	HAVIgM	☐	☐	☐	HAV Total	☐	☐	☐	HCV
☐	☐	☐	HBcIgM	☐	☐	☐	HBcAb Total	HCV S/Co or Index			________
☐	☐	☐	HBsAg	☐	☐	☐	HBsAb	☐	☐	☐	HCV RIBA/PCR
☐	☐	☐	HBeAg	☐	☐	☐	HBeAb	HCV Viral Load			________
☐	☐	☐	HBV DNA	HBV Viral Load			________	☐	☐	☐	HDV

Date of Collection ____/____/____

ALT ________ AST ________ Total Bili ________

Comments:

In the past 6 weeks, has PATIENT / HOUSEHOLD MEMBER (PLEASE CIRCLE ONE) ATTENDED, LIVED IN, or WORKED IN any of the following settings?

☐ Child Care ☐ Food Handler ☐ Nursing Home ☐ Other Institution ☐ Unknown

Name and Location of Establishment: ______________________

Reporting Source Information: ☐ Physician ☐ Laboratory ☐ Hospital/ICP ☐ Other

Name of Person Reporting: ______________________

Facility Name: ______________________

Address: ______________________

City: ______________ **State:** ______ **Zip:** ________ **Phone:** (   ) ________

Attending Physician: ______________________

City: ______________ **State:** ______ **Phone:** (   ) ________

☐ Contact the physician listed above for more information

Need more cards? ☐ **YES**

Name and address if different from left:

ODH FORM 295

(REV. 10/07)