



Reporting Form for Communicable Disease in Washtenaw County

FAX (734) 544-6706 (Confidential line)

Phone # (734) 544-6770 (business hours)

On-call Nurse Phone (734) 891-4327 (holidays/after hours)

****HIV/AIDS** requires State reporting form**

- | | | |
|---|--|--|
| <input type="checkbox"/> Amebiasis
<input type="checkbox"/> Anthrax
<input type="checkbox"/> Blastomycosis
<input type="checkbox"/> Botulism
<input type="checkbox"/> Brucellosis
<input type="checkbox"/> <i>Campylobacter</i> enteritis
<input type="checkbox"/> Chancroid
<input type="checkbox"/> Chickenpox (varicella)
<input type="checkbox"/> Chlamydia, genital
<input type="checkbox"/> Cholera
<input type="checkbox"/> Coccidioidomycosis
<input type="checkbox"/> Cryptococcosis
<input type="checkbox"/> Cryptosporidiosis
<input type="checkbox"/> Cyclosporiasis
<input type="checkbox"/> Dengue fever
<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Ehrlichiosis
<input type="checkbox"/> E. coli O157:H7 and other shiga-toxin serotypes
<input type="checkbox"/> Encephalitis, viral
<input type="checkbox"/> Giardiasis
<input type="checkbox"/> Gonorrhea
<input type="checkbox"/> Granuloma inguinale
<input type="checkbox"/> Guillain-Barre syndrome
<input type="checkbox"/> <i>Haemophilus influenzae</i> disease
<input type="checkbox"/> Hantavirus pulmonary syndrome
<input type="checkbox"/> Hemolytic-uremic syndrome (HUS), post diarrheal | <input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis B in a pregnant woman
<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> Hepatitis, delta
<input type="checkbox"/> Hepatitis, viral, unspecified
<input type="checkbox"/> Histoplasmosis
<input type="checkbox"/> Influenza (lab-confirmed)
<input type="checkbox"/> Kawasaki disease
<input type="checkbox"/> Legionellosis
<input type="checkbox"/> Leprosy
<input type="checkbox"/> Leptospirosis
<input type="checkbox"/> Listeriosis
<input type="checkbox"/> Lyme disease
<input type="checkbox"/> Lymphogranuloma venereum
<input type="checkbox"/> Malaria
<input type="checkbox"/> Measles (Rubeola)
<input type="checkbox"/> Meningitis, aseptic (viral)
<input type="checkbox"/> Meningitis, other bacterial
<input type="checkbox"/> Meningococcal disease, sterile sites
<input type="checkbox"/> Mumps
<input type="checkbox"/> Pertussis
<input type="checkbox"/> Plague
<input type="checkbox"/> Poliomyelitis, paralytic
<input type="checkbox"/> Psittacosis
<input type="checkbox"/> Q fever
<input type="checkbox"/> Rabies, human | <input type="checkbox"/> Reye's syndrome
<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Rocky Mountain Spotted Fever
<input type="checkbox"/> Rubella
<input type="checkbox"/> Rubella, congenital syndrome
<input type="checkbox"/> Salmonellosis
<input type="checkbox"/> Shigellosis
<input type="checkbox"/> Spongiform Encephalopathy
<input type="checkbox"/> Staphylococcal disease, first 28 days, post-partum
<input type="checkbox"/> Streptococcal disease, invasive, Group A
<input type="checkbox"/> Streptococcus pneumoniae, sterile sites
<input type="checkbox"/> Syphilis
<input type="checkbox"/> Tetanus
<input type="checkbox"/> Toxic shock syndrome
<input type="checkbox"/> Trachoma
<input type="checkbox"/> Trichinosis
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Tularemia
<input type="checkbox"/> Typhoid fever
<input type="checkbox"/> Typhus
<input type="checkbox"/> Viral hemorrhagic fevers
<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Yellow fever
<input type="checkbox"/> <i>Yersinia</i> enteritis
<input type="checkbox"/> Unusual occurrence or outbreak |
|---|--|--|

Name (Last, First) **Birth date** **Sex** **Race**

Address **City** **Zip**

Phone # **Date of Report** **Date of Symptom Onset**

Date of Test **Type of Test**

Primary Physician **Physician Phone #**

Hospitalized: Yes No **Relevant vaccine history**

Type of treatment **Date of treatment**

Name of Reporting Person **Phone #**

Comments (e.g. known contacts, recent travel, parent name if child <18 yr):