



Reno County Health Department Epidemiology Program  
209 W 2<sup>nd</sup> Ave, Hutchinson, KS 67501  
Phone: (620) 259-8450  
Fax: (620) 694-2905

## Public Reportable Disease Form

**\*Items in red are required**

School or other reporting facility: \_\_\_\_\_

\*Name of person making report: \_\_\_\_\_ \*Home\Work\Cell Phone: \_\_\_\_\_

### Patient Information

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Race: (Select all that apply) \_\_\_ White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ American Indian \_\_\_ Pacific Islander

\*Ethnicity: Hispanic Non-Hispanic

\*Sex: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Patient Home\Work\Cell Phone: \_\_\_\_\_

### Parents\Guardian Information (If applicable)

Mother Name: \_\_\_\_\_ Home\Work\Cell Phone: \_\_\_\_\_

Father Name: \_\_\_\_\_ Home\Work\Cell Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home\Work\Cell Phone: \_\_\_\_\_

### Disease

\*Disease Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Doctor or clinic phone number: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Onset Date: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

Treatment: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Hospitalized?    Yes    No    Unknown    If Yes, Where? \_\_\_\_\_

## Disease Specific Immunizations

Immunizations Names: \_\_\_\_\_

Immunizations Dates: \_\_\_\_\_

For Varicella, Rash Onset Date: \_\_\_\_\_

Severity of Rash:    Unknown    Mild (<50 lesions)    Moderate (50-500)    Severe (>500)

## Additional Information

Was laboratory testing ordered?    Yes    No    Unknown

If testing was ordered, Laboratory Name: \_\_\_\_\_ Date of Specimen: \_\_\_\_\_

Tests Requested: \_\_\_\_\_

Occupation: \_\_\_\_\_

***If yes to any of the following, please provide details in comments section. (estimated delivery date, daycare address, travel history, etc)***

Pregnant?    Yes    No    Unknown

School association?    Yes    No    Unknown

Daycare association?    Yes    No    Unknown

Adult care home resident?    Yes    No    Unknown

Lives in other group home?    Yes    No    Unknown

Food handler?    Yes    No    Unknown

History of travel?    Yes    No    Unknown

## School Specific Information

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Last Attendance Date: \_\_\_\_\_

School Nurse Name: \_\_\_\_\_ School Nurse Phone: \_\_\_\_\_

## Comments

Please mail or fax the completed form to:

Reno County Health Department Epidemiology Program  
209 W 2nd Ave  
Hutchinson, KS 67501

Fax: (620) 694-2905

*If you have questions, call (620) 259-8450*