Arizona Department of Health Services

COMMUNICABLE DISEASE REPORT

Important Instructions: Please complete sections 1-3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS cases, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDSIS, go to siren.az.gov.

County / IHS Number	State ID / MEDSIS ID	Date Recived by County

1. PATIENT INFORMATION

Patient's Name (Last, First, Middle) | **Date of Birth** | **Race** (check all that apply): ☐White ☐Black ☐Asian ☐Pacific Islander ☐Native American ☐Other ☐Unknown | **Ethnicity:** ☐Hispanic ☐Non-Hispanic ☐Unknown | **Gender:** ☐Male ☐Female ☐Unknown ☐Transgender | **Pregnant:** ☐No ☐Yes ☐Unknown Due date _____

Street Address: **City:** **State:** **Zip code:** **County:** **Reservation:** **Telephone#:**

Patient's Occupation or School: | **Guardian:** (not necessary for STD) | **Outcome:** ☐Survived ☐Died Date: _____ | Is the patient any of the following? ☐Healthcare worker ☐Food worker/handler ☐School or childcare worker or attendee Facility Name & Address: _____

2. REPORTABLE CONDITION INFORMATION / LAB RESULTS

Diagnosis or Suspect Reportable Condition | Onset Date | Diagnosis Date

LAB RESULTS

Date Collected	Date Finalized	Specimen Type	Lab Test	Lab Result
		☐Blood ☐CSF ☐Urine ☐Stool ☐NP Swab ☐Sputum ☐Other _____		
		☐Blood ☐CSF ☐Urine ☐Stool ☐NP Swab ☐Sputum ☐Other _____		
		☐Blood ☐CSF ☐Urine ☐Stool ☐NP Swab ☐Sputum ☐Other _____		

3. REPORTER & PROVIDER INFORMATION

Reporting Source (Physician or other reporting source) Facility

Street Address City State Zip code Telephone#

Provider (if different from Reporter) Facility

Provider Street Address City State Zip code Telephone#

Laboratory Name, Address and Telephone#

4. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV/AIDS

Diagnosis

☐ **Syphilis** (specify below)
- ☐ Primary
- ☐ Secondary
- ☐ Early Latent (<1 year)
- ☐ Late (> 1 year)
- ☐ Congenital
  Mother's Name: _____
  Mother's DOB: _____
- ☐ Other Syphilis _____
- ☐ Neurological symptoms: _____

☐ **Chlamydia**
- ☐ PID

☐ **Gonorrhea**
- ☐ PID

☐ **Herpes**

☐ **Chancroid**

☐ **HIV/AIDS**
Risk Factors
- ☐ IDU
- ☐ Sex with IDU
- ☐ Sex with males

Date of Last Negative HIV Test: _____

Site of Infection ☐Genitalia ☐Rectum ☐Throat ☐Other

Patient had Sexual Contact with: ☐Males only ☐Females only ☐Both ☐Refused ☐Unknown

Marital Status ☐Married ☐Divorced ☐Separated ☐Unknown ☐Single ☐Widowed ☐Domestic partner

Sex Partners:
Sex partners _____
Sex partners treated _____

Treatment

Date	Drug	Dosage
Date	Drug	Dosage
Date	Drug	Dosage

5. HEPATITIS PANEL

Hepatitis A Serology Results
Hepatitis A Antibody (acute IgM anti-HAV) ☐Pos ☐Neg ☐Unk

Hepatitis B Serology Results
- Hepatitis B surface Antigen (HBsAg) ☐Pos ☐Neg ☐Unk
- Hepatitis B core Antibody IgM (HBcAb-IgM) ☐Pos ☐Neg ☐Unk
- Hepatitis B core Antibody Total (HBcAb) ☐Pos ☐Neg ☐Unk
- Hepatitis B surface Antibody (HBsAb) ☐Pos ☐Neg ☐Unk
- Hepatitis B e Antigen (HBeAg) ☐Pos ☐Neg ☐Unk
- Symptoms consistent with acute hepatitis ☐Yes ☐No ☐Unk
- Jaundice ☐Yes ☐No ☐Unk
- Liver Function Test ALT: _____ AST: _____

Hepatitis C Serology Results
- Hepatitis C-EIA ☐Pos ☐Neg ☐Unk s/co ratio: _____
- Hepatitis C-RIBA ☐Pos ☐Neg ☐Unk
- Hepatitis C-NAT/PCR ☐Pos ☐Neg ☐Unk
- Hepatitis C-Viral Load _____
- Liver Function Test ALT: _____ AST: _____

6. TUBERCULOSIS (TB)

Site of Disease
- ☐Pulmonary
- ☐Laryngeal
- ☐Extrapulmonary

☐ TB Infection in a Child 5 and Under (Positive TB skin test result)

Medicine and Dosage

ADHS 4/11/2008

Version: 06-2009

This form is located online at: http://www.azdhs.gov/phs/oids/epi/pdf/cdr_form.pdf

Comments: