PIMA COUNTY
HEALTH DEPARTMENT

SCHOOL COMMUNICABLE DISEASE REPORT (CDR)

Important Instructions - Please complete Sections 1 through 4 for all reportable conditions. Once completed return to the Pima County Health Department by faxing (520) 838-7538, or calling (520) 724-7797. This form is also found on: http://webcms.pima.gov/health/resources_for_professionals/communicable_disease_reporting

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

1. PATIENT INFORMATION

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

Street Address	City	State	ZIP Code	County	Reservation	Telephone #

Is this a ☐ student (if yes, grade_____)

Is this a ☐ staff (if yes, occupation_____)

Guardian

Outcome
☐ Survived
☐ Died
Date _____

Is the patient any of the following?
☐ Health care worker ☐ Food worker/handler ☐ Childcare worker/attendee
Facility Name & Address _____

2. REPORTABLE CONDITION INFORMATION

Diagnosis or Suspect Reportable Condition	Onset Date	Diagnosis Date

4. COMMENTS

3. SCHOOL REPORTER AND PROVIDER INFORMATION

School Reporter (name of school nurse or other reporting)	School name

School Address	City	State	Zip Code	Telephone #

Medical Provider Diagnosing (If applicable)	Provider's Facility/Clinic/Hospital

Provider Street Address	City	State	ZIP Code	Telephone #

Lab Name, Address and Telephone # (if available)