Government of the District of Columbia
Department of Health
Communicable Disease Report Form

Division of Epidemiology-Disease Surveillance & Investigation (DE-DSI)
Office of the Director

Investigation ID:_____	Final Dx:_____
MMWR Wk:_____ Year _____	☐Confirmed ☐Probable ☐ Suspect ☐Transfer ☐ Not a case
THIS BOX FOR DC DOH USE ONLY	**THIS BOX FOR DC DOH USE ONLY**

NOTE: This form should be used for all reportable conditions EXCEPT the following: HIV, Tuberculosis, Hepatitis, and STDs

Clinical/Suspected Diagnosis:_____
Submitted by:_____ Date:_____
*Affiliation/Organization: _____ ☐ Hospital ☐ Laboratory ☐ Clinic

PATIENT INFORMATION
*Last Name:_____ *First Name:_____MRN:_____
Address:_____*City:_____*State:_____*Zip:_____
*Birth Date:_____ *Home Phone:_____ Work Phone: _____Other Phone:_____
Occupation:_____ ☐ Food Handler ☐ Child Caregiver ☐ Health care worker
School/Daycare Attends _____
*Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American/Alaskan ☐ Unknown
Ethnicity: ☐ Hispanic ☐ Non-Hispanic Household contacts: names/ages:_____
If patient is a minor, name of Parent(s)/guardian(s):_____

CLINICAL INFORMATION ☐Acute illness ☐ Chronic Illness Patient notified of lab result? ☐ Yes ☐ No
Date of visit: _____ Admitted? ☐ Yes ☐ No Discharge Date:_____
Name of health care provider patient seen by:_____
Past Medical History_____ Symptom onset date:_____
Symptoms:_____ Symptom Duration:_____
Referred to/Follow-up:_____

DIAGNOSTIC TEST

*Collection date	*Specimen Type	Test	Result Date	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Drug resistant: ☐ Yes# ☐ No ☐Unknown/Not tested
#If Yes, resistant drugs:_____(**Please include the laboratory results with this form)**

TREATMENT

Date Started	Drug	Dose	Route	Frequency	Duration
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional Comments: _____
_____
_____

Please Fax This Form to DE-DSI: (202) 442-8060

899 North Capitol St., N.E. • Suite 580 • Washington, D.C. 20002 • Phone (202) 442-9371/(202) 442-9065 • Fax (202) 442-8060