ADHS

COMMUNICABLE DISEASE REPORT FOR HEALTHCARE PROVIDERS

Healthcare providers are required to report selected communicable diseases, per Arizona Administrative Code R9-6-202.
Report communicable diseases to the local health agency (fax numbers below) or through MEDSIS (https://my.health.azdhs.gov/).
Visit http://azdhs.gov/providerreporting for the list of reportable conditions, this form, and other communicable disease reporting information.

1. Complete the PATIENT INFORMATION

Patient's Name (Last, First, Middle) | **Date of Birth**

Race (check all that apply):
☐ White ☐ Native American (list tribal affiliation) _____
☐ Black ☐ Pacific Islander
☐ Asian ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Gender
☐ Male ☐ Unknown
☐ Female
☐ Transgender

Parent/guardian (of minors) (Not necessary for STDs)

Street Address | **City** | **State** | **Zip code** | **County** | **Reservation** | **Telephone #** | **Email**

2. Complete the REPORTABLE CONDITION INFORMATION

Diagnosis or Suspect Reportable Condition

Illness Onset Date
_____

Diagnosis Date
_____

Risk & outcome information:

Patient's School or Occupation
*Write the school/facility/employer name in the Notes if any of these are checked.
☐ *Healthcare worker
☐ *Food worker/handler
☐ *School/childcare worker
☐ *School/childcare attendee
Other occupation (specify) _____

Outcome
☐ Survived
☐ Died, date: _____

Pregnant
☐ No
☐ Unknown
☐ Yes
　 Est. due date: _____

☐ Injection drug user (IDU)

If STDs, Hepatitis or HIV/AIDS:
Patient had sexual contact with:
☐ Males only
☐ Females only
☐ Both
☐ Unknown

Notes/Comments
(including school/facility/ employer name if above boxes are checked)

LAB RESULTS

Date Collected / Result Date	Specimen Type	Lab Test / Lab Result
Date Collected _____ Result Date _____	☐ Blood ☐ CSF ☐ NP swab ☐ Stool ☐ Urine ☐ Other swab ____ ☐ Sputum ☐ Other ____	Lab Test _____ Lab Result _____
Date Collected _____ Result Date _____	☐ Blood ☐ CSF ☐ NP swab ☐ Stool ☐ Urine ☐ Other swab ____ ☐ Sputum ☐ Other ____	Lab Test _____ Lab Result _____
Date Collected _____ Result Date _____	☐ Blood ☐ CSF ☐ NP swab ☐ Stool ☐ Urine ☐ Other swab ____ ☐ Sputum ☐ Other ____	Lab Test _____ Lab Result _____

If SEXUALLY TRANSMITTED DISEASES (STD) or HIV/AIDS:

If chlamydia or gonorrhea:
☐ with Pelvic Inflammatory Disease

If chlamydia, gonorrhea, chancroid, syphilis:
Sex partners in the last 2 months _____

If HIV/AIDS: Negative HIV test in last 6 months?
☐ Yes ☐ No ☐ Unk

If syphilis: Symptoms at diagnosis
☐ No symptoms
☐ Chancre/lesion
☐ Rash
☐ Neurologic (incl. ocular, otic)
☐ Other, specify _____
☐ Congenital syphilis (include mother's name and DOB in Comments at left)

STD Treatment

Date	Drug	Dosage
Date	Drug	Dosage
Date	Drug	Dosage
Date	Drug	Dosage

If HEPATITIS:

Acute hepatitis symptoms
☐ Yes ☐ No ☐ Unk

Jaundice
☐ Yes ☐ No ☐ Unk

Liver function test values (with units)
ALT: _____
AST: _____

Hepatitis Test Results

A	Hepatitis A antibody (IgM anti-HAV)	☐ Pos ☐ Neg ☐ Unk
B	Hepatitis B core antibody IgM (HBcAb-IgM)	☐ Pos ☐ Neg ☐ Unk
	Hepatitis B surface antigen (HBsAg)	☐ Pos ☐ Neg ☐ Unk
	Hepatitis B e antigen (HBeAg)	☐ Pos ☐ Neg ☐ Unk
	Hepatitis B DNA/NAT	☐ Pos ☐ Neg ☐ Unk
C	Hepatitis C-EIA	☐ Pos ☐ Neg ☐ Unk
	Hepatitis C-NAT/PCR	☐ Pos ☐ Neg ☐ Unk
	Hepatitis C-Viral Load	

If TUBERCULOSIS:

TB signs/symptoms	Chest imaging	Site of disease	Initial Drug Regimen
☐ Yes ☐ No ☐ Unk	☐ Consistent with TB ☐ Not consistent with TB ☐ Not performed	☐ Pulmonary ☐ Laryngeal ☐ Other extrapulmonary	Start date: _____ ☐ RIPE ☐ Other

TB infection in a child <6 years old (positive TST / IGRA)? ☐ Yes ☐ No

3. Complete the FACILITY INFORMATION

Person making this report (Reporter) (Physician or other reporting source)
Name _____
Reporter Address _____
City _____ State ____ Zip ____
Telephone _____
Reporting Facility _____
Email _____

Provider (if different from Reporter)
Name _____
Provider Facility _____
Provider Address _____
Telephone _____ Email _____

Laboratory (if testing performed)
Laboratory Name _____
Laboratory Address _____
Telephone _____

Fax numbers for local health departments: **Apache** (866) 804-8449; **Cochise** (520) 432-9479; **Coconino** (928) 679-7351; **Gila** (928) 425-8817; **Graham** (928) 428-8074; **Greenlee** (928) 865-1929; **La Paz** (928) 669-6703; **Maricopa non-STDs** (602) 372-8935; **Maricopa STDs** (602) 506-6916; **Mohave** (928) 718-1579; **Navajo** (928) 532-6054; **Pima** (520) 838-7538; **Pinal** (520) 866-2929; **Santa Cruz** (520) 375-7624; **Yavapai** (866) 271-9773; **Yuma** (928) 317-4620

Version 1/2020