



Communicable Disease Office
1250 Hollipark Drive
Idaho Falls, ID, 83401
Phone: (208) 533-3152
Fax: (208) 523-4365

REPORTABLE DISEASE NOTIFICATION FORM

Fax form to Eastern Idaho Public Health at (208) 533-3143 or (208) 523-4365 (please provide a cover letter) or call (208) 533-3152 with the following information.

Today's Date: _____

Disease / Condition Being Reported: _____

Patient Name: _____ Date of Birth: _____

Sex of patient: _____ Race: _____

Parent / Guardian Name if patient is a minor: _____

Patient Address: _____

City: _____ ZIP: _____

Home / Cell Number: _____ Work Number: _____

Miscellaneous Information:

Patient's Date of Illness Onset: _____

Type of Treatment and Date Prescribed: _____

Physician / Healthcare Provider Name: _____

Office Address: _____

City: _____ ZIP: _____

Office Number: _____

Name of Person Making this Report: _____

If available, please send a copy of the patient's lab report of the disease / condition being reported.