REPORTABLE DISEASE NOTIFICATION FORM

Fax form to Eastern Idaho Public Health District at (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 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.