



**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 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.