

Notifiable Condition Report Form



Print clearly or fill out electronically. Use other forms to report STDs, HIV, TB or perinatal hepatitis C—see tpchd.org/notifiable.

Submit completed form to our **Confidential Fax (253) 649-1389** or **24-Hour Reporting Phone Line (253) 649-1413**.

Patient information		Reporting person information	
Patient name <i>last, first, middle initial</i>		Today's date <i>m/d/yy</i>	
Date of birth <i>m/d/yy</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex	Reporting person <i>name and title</i>	
Address		Agency	
City	Zip	Phone	
Phone <i>home</i>	Phone <i>other</i>	Send <input type="checkbox"/> Lab report with this fax, and <input type="checkbox"/> Immunization information, if relevant	
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	

Condition information			
Notifiable condition		Symptom onset date <i>m/d/yy</i>	
Treatment given <i>dose, start date, duration</i>		Have you notified patient/parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specimen collection date <i>m/d/yy</i>		Ordering facility	
Specimen type <input type="checkbox"/> NP <input type="checkbox"/> Nasal swab <input type="checkbox"/> Blood <input type="checkbox"/> Other_____	Test performed <input type="checkbox"/> PCR <input type="checkbox"/> Antigen <input type="checkbox"/> Culture <input type="checkbox"/> NAAT <input type="checkbox"/> Antibody/serology <input type="checkbox"/> Other_____	Test result <input type="checkbox"/> Detected <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not detected <input type="checkbox"/> Other_____	

Additional information	
Chief symptoms/complaints	
Employer/school/childcare	Possible source of infection <input type="checkbox"/> Travel <input type="checkbox"/> Person <input type="checkbox"/> Drinking water <input type="checkbox"/> Environment <input type="checkbox"/> Animal <input type="checkbox"/> Food <input type="checkbox"/> Recreational water <input type="checkbox"/> Unknown
Comments	

If you suspect or confirm any of the following, immediately call (253) 649-1412 to speak with a nurse or disease investigator.

- Amebic meningitis.
- Anthrax.
- Botulism (foodborne, wound, infant).
- *Burkholderia mallei* (glanders) and *pseudomallei* (melioidosis).
- Cholera.
- Coronavirus infection (SARS, MERS, COVID-19).
- Diphtheria.
- Domoic acid poisoning (amnesic shellfish poisoning).
- *Haemophilus influenzae* (invasive disease) (children under 5 years old).
- Influenza (novel or unsubtypable strain).
- Measles (rubeola) (acute).
- Meningococcal disease (invasive).
- Mpox.
- Outbreak (suspected foodborne or waterborne origin).
- Paralytic shellfish poisoning.
- Pesticide poisoning (hospitalized, fatal, cluster)—**Call (800) 222-1222.**
- Plague.
- Poliomyelitis.
- Rabies (confirmed human or animal) (suspected human exposure).
- Rubella (including congenital rubella syndrome) (acute).
- Shiga toxin-producing *E. coli* infections (including but not limited to *E. coli* O157:H7).
- Smallpox.
- Tularemia.
- Vaccinia transmission.
- Viral hemorrhagic fever.
- Yellow fever.