



LAKE COUNTY HEALTH DEPARTMENT

COMMUNICABLE DISEASE REPORT

Report Date: _____
Patient Name: _____ SSN: _____ DOB: _____ Race: _____ Sex: _____
Address: _____ Home Phone: _____
Parent or Spouse: _____ Employment: _____ Work Phone: _____
Child Care Center: _____ School: _____
Physician: _____ Address: _____ Phone: _____
Hospitalized: Where _____
Dates _____
Diagnosis: _____

SYMPTOMS

Table with 3 columns: DESCRIPTION, ONSET DATE, DURATION (DAYS). Rows include Fever, Rash, Diarrhea, Jaundice, Nausea & Vomiting, Cough, Weight Loss, Night Sweats, Headaches, Stiff Neck, Discharge, Lesions, Other.

LABORATORY TESTS

Table with 3 columns: TESTS, DATE, RESULTS. Rows include STD (RPR, GC, Chlamydia, HIV), Tuberculosis (PPD, CXR, Sputum), Hepatitis (Anti HAV, HBsAg, Anti Hbs, Anti Hbc, HCV), Other Reportables (Stool, Spinal Fluid, Blood).

MEDICATION

Table with 3 columns: TREATMENT DATE, DRUG, DOSAGE/DURATION. Multiple empty rows for data entry.

Reported By: _____
Received By: _____
Comments: _____

Send Laboratory Report and This Form by fax to: 352-589-1325
Lake County Health Department/ Epidemiology, PO Box 1305, Tavares, FL 32778
Phone: 352- 357-1668

Chapter 381.0031(1, 2), Florida Statutes
Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.



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