

# Florida Department of Health, Practitioner Disease Report Form



Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code (FAC)*. This can be filled in electronically.

## Patient Information

SSN: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle: \_\_\_\_\_

Parent name: \_\_\_\_\_

Gender:  Male  Female  Unk  
 Pregnant:  Yes  No  Unk

Birth date: \_\_\_\_\_ Death date: \_\_\_\_\_

Race:  American Indian/Alaska Native  White  
 Asian/Pacific Islander  Other  
 Black  Unk

Ethnicity:  Hispanic  Non-Hispanic  Unk

Address: \_\_\_\_\_

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Emer. phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information

MRN: \_\_\_\_\_

Date onset: \_\_\_\_\_ Date diagnosis: \_\_\_\_\_

Died:  Yes  No  Unk

Hospitalized:  Yes  No  Unk

Hospital name: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Insurance: \_\_\_\_\_

Treated:  Yes  No  Unk

Specify treatment:

Laboratory testing:  Yes  No  Unk Attach laboratory result(s) if available.

## Provider Information

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Reportable Diseases and Conditions in Florida

**! Notify upon suspicion 24/7 by phone** **☎ Notify upon diagnosis 24/7 by phone**

HIV/AIDS and HIV-exposed newborn notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥13 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your local county health department for these forms (visit <http://floridahealth.gov/chdecontact> to obtain CHD contact information).  
 Congenital anomalies and neonatal abstinence syndrome notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 FAC. Cancer notification should be directly to the Florida Cancer Data System (see <http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.  
 To obtain CHD contact information, see <http://floridahealth.gov/chdecontact>. See <http://floridahealth.gov/diseasereporting> for other reporting questions.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Amebic encephalitis                               | <input type="checkbox"/> Glanders   | <input type="checkbox"/> Melioidosis  | <input type="checkbox"/> Staphylococcal enterotoxin B poisoning  |
| <b>!</b> <input type="checkbox"/> Anthrax                                  | <input type="checkbox"/> Gonorrhea  | <input type="checkbox"/> Meningitis, bacterial or mycotic   | <input type="checkbox"/> Streptococcus pneumoniae invasive disease in child <6 years old   |
| <input type="checkbox"/> Arsenic poisoning                                 | <input type="checkbox"/> Granuloma inguinale  | <b>!</b> <input type="checkbox"/> Meningococcal disease   | <input type="checkbox"/> Syphilis  |
| <input type="checkbox"/> Arboviral disease not listed here                 | <b>!</b> <input type="checkbox"/> Haemophilus influenzae invasive disease in child <5 years old   | <input type="checkbox"/> Mercury poisoning  | <input type="checkbox"/> Syphilis in pregnant woman or neonate   |
| <input type="checkbox"/> Botulism, infant                                  | <input type="checkbox"/> Hansen's disease (leprosy)   | <input type="checkbox"/> Mumps  | <input type="checkbox"/> Tetanus   |
| <b>!</b> <input type="checkbox"/> Botulism, foodborne                      | <input type="checkbox"/> Hantavirus infection   | <input type="checkbox"/> Neurotoxic shellfish poisoning   | <input type="checkbox"/> Trichinellosis (trichinosis)  |
| <b>!</b> <input type="checkbox"/> Botulism, wound or unspecified           | <input type="checkbox"/> Hemolytic uremic syndrome (HUS)  | <input type="checkbox"/> Pertussis  | <input type="checkbox"/> Tuberculosis (TB)   |
| <b>!</b> <input type="checkbox"/> Brucellosis                              | <input type="checkbox"/> Hepatitis A  | <input type="checkbox"/> Pesticide-related illness and injury, acute  | <b>!</b> <input type="checkbox"/> Tularemia  |
| <input type="checkbox"/> California serogroup virus disease                | <input type="checkbox"/> Hepatitis B, C, D, E, and G  | <b>!</b> <input type="checkbox"/> Plague  | <input type="checkbox"/> Typhoid fever (Salmonella serotype Typhi)   |
| <input type="checkbox"/> Campylobacteriosis                                | <input type="checkbox"/> Hepatitis B surface antigen in pregnant woman or child <2 years old  | <b>!</b> <input type="checkbox"/> Poliomyelitis   | <b>!</b> <input type="checkbox"/> Typhus fever, epidemic   |
| <input type="checkbox"/> Carbon monoxide poisoning                         | <input type="checkbox"/> Herpes B virus, possible exposure  | <input type="checkbox"/> Psittacosis (ornithosis)   | <b>!</b> <input type="checkbox"/> Vaccinia disease   |
| <input type="checkbox"/> Chancroid   | <input type="checkbox"/> Herpes simplex virus (HSV) in infant <60 days old  | <input type="checkbox"/> Q Fever  | <input type="checkbox"/> Varicella (chickenpox)  |
| <input type="checkbox"/> Chikungunya fever                                 | <input type="checkbox"/> HSV, anogenital in child <12 years old   | <input type="checkbox"/> Rabies, animal   | <b>!</b> <input type="checkbox"/> Venezuelan equine encephalitis   |
| <input type="checkbox"/> Chikungunya fever, locally acquired               | <input type="checkbox"/> Human papillomavirus (HPV), laryngeal papillomas or recurrent respiratory papillomatosis in child <6 years old | <input type="checkbox"/> Rabies, human  | <input type="checkbox"/> Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)   |
| <input type="checkbox"/> Chlamydia   | <input type="checkbox"/> HPV, anogenital papillomas in child <12 years old  | <b>!</b> <input type="checkbox"/> Rabies, possible exposure   | <b>!</b> <input type="checkbox"/> Viral hemorrhagic fevers   |
| <b>!</b> <input type="checkbox"/> Cholera (Vibrio cholerae type O1)        | <input type="checkbox"/> Influenza A, novel or pandemic strains   | <b>!</b> <input type="checkbox"/> Ricin toxin poisoning   | <input type="checkbox"/> West Nile virus disease   |
| <input type="checkbox"/> Ciguatera fish poisoning                          | <input type="checkbox"/> Influenza-associated pediatric mortality in child <18 years old  | <input type="checkbox"/> Rocky Mountain spotted fever or other spotted fever rickettsiosis                                    | <b>!</b> <input type="checkbox"/> Yellow fever   |
| <input type="checkbox"/> Conjunctivitis in neonate <14 days old            | <input type="checkbox"/> Lead poisoning   | <b>!</b> <input type="checkbox"/> Rubella   | <b>!</b> <input type="checkbox"/> Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed above that is of urgent public health significance. Please specify: |
| <input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)                   | <input type="checkbox"/> Legionellosis  | <input type="checkbox"/> St. Louis encephalitis   |  |
| <input type="checkbox"/> Cryptosporidiosis                                 | <input type="checkbox"/> Leptospirosis  | <input type="checkbox"/> Salmonellosis  |  |
| <input type="checkbox"/> Cyclosporiasis                                    | <input type="checkbox"/> Listeriosis  | <input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)  |  |
| <input type="checkbox"/> Dengue fever                                      | <input type="checkbox"/> Lyme disease   | <b>!</b> <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection             |  |
| <input type="checkbox"/> Dengue fever, locally acquired                    | <input type="checkbox"/> Lymphogranuloma venereum (LGV)   | <input type="checkbox"/> Shigellosis  |  |
| <b>!</b> <input type="checkbox"/> Diphtheria                               | <input type="checkbox"/> Malaria  | <b>!</b> <input type="checkbox"/> Smallpox  |  |
| <input type="checkbox"/> Eastern equine encephalitis                       | <b>!</b> <input type="checkbox"/> Measles (rubeola)   | <input type="checkbox"/> Shigellosis  |  |
| <input type="checkbox"/> Ehrlichiosis/anaplasmosis                         |   | <input type="checkbox"/> Shigellosis  |  |
| <input type="checkbox"/> Escherichia coli infection, Shiga toxin-producing |   | <b>!</b> <input type="checkbox"/> Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA) |  |
| <input type="checkbox"/> Giardiasis, acute                                 |   |   |  |

## Comments