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Comments:

Practitioner Disease Report Form Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ)

| Patient Information | | | | Medical Info | mation | | | |
|---|--|---|--|---|---|---|--|--|
| | | | | Medical Infor | mation | | | |
| SSN: | | | | MRN: | | | | |
| Last name: | | | | Date onset: | | | Date diag | nosis: |
| First name: | | | | Died: | \odot Yes | \bigcirc No | \bigcirc Unknown | |
| Middle: | | | | Hospitalized: | \odot Yes | \bigcirc No | \odot Unknown | |
| Parent name: | | | | _ | Hospital nam | ne: | | |
| Gender: | O Male | If female | e. O Yes | _ | Date admitte | ed: | Date d | ischarged: |
| | O Female | pregnan | · _ | | | | | |
| | O Unknown | | O Unknown | Insurance: | | | | |
| Birth date: | | Death date | - . | Treated: | \odot Yes | \bigcirc No | \bigcirc Unknown | |
| | O American Indian | | ○ White | _ | Specify | | | |
| Nace. | American Indian/ Asian/Pacific isla | | O Other | | treatment: | | | |
| | O Black | | O Unknown | | | | | |
| Ethnicity: | O Hispanic | | | Laboratory | ○ Yes | | | Attach laboratory |
| | ○ Non-Hispanic | | | testing: | | | - 0 | result(s) if available |
| | \bigcirc Unknown | | | | | | | |
| Address: | | | | Provider Info | rmation | | | |
| ZIP: | Cour | nty: | | Physician: | | | | |
| City: | | | _ | Address: | | | | |
| Home phone: | | | | City: | | | State | : ZIP: |
| Other phone: | | | | | | | | |
| Emergency phone: | | | | | | | | |
| Email: | | | | Email: | | | | |
| should be made using the Adult people <13 years old. Please co these conditions are reported to | HIV/AIDS Confidential Case Rep ontact your county health departm | port Form, CDC 50.42A (revised I nent for these forms (visit www.Fl ninistration in its inpatient discharg | March 2013) for cases in pe oridaHealth.gov/CHDEpiCo | FloridaHealth.gov/DiseaseReport sople ≥13 years old or the Pediatric ontact to obtain contact information Chapter 59E-7 FAC. Cancer notific | HIV/AIDS Confide | ential Case Re malies and ne | port, CDC 50.42B (rev conatal abstinence sy | ised March 2003) for cases in |
| Reportable Disea | ases and Condition | ons in Florida | Notify upor | n suspicion 24/7 by p | ohone | 🟦 Notif | iy upon diagn | osis 24/7 by phone |
| Amebic encephalitis | | Gonorrhea | | Melioidosis | | | 🖀 🖂 Staphy | lococcus aureus infection, |
| Anthrax | | Granuloma inguinale | | Meningitis, bacte | erial or mycotic | | | ediate or full resistance to hycin (VISA, VRSA) |
| Arsenic poisoning | Ţ | Haemophilus influenz | zae invasive | Meningococcal of | | | Strepto | coccus pneumoniae invasive |
| Arboviral diseases not | otherwise listed | disease in children < | | • | | | diepaed | |
| Babesiosis | A | Hansen's disease (le | Drosv) | Mercury poisonir | ng | | _ | e in children <6 years old |
| Botulism, foodborne, v | | | p.0037 | Mercury poisonir Mumps | ng | | Syphilis | 5 |
| | vound, and 🛛 🕋 | Hantavirus infection | | ☐ Mumps | | | Syphilis | s s in pregnant women and es |
| unspecified | vound, and | Hantavirus infection Hemolytic uremic syn | | Mumps Mumps Paratyphoid feve | ish poisoning r (<i>Salmonella</i> | | Syphilis | s s in pregnant women and es s |
| Botulism, infant | vound, and 😤 | Hantavirus infection Hemolytic uremic syn Hepatitis A | ndrome (HUS) | Mumps Mumps Meurotoxic shell Paratyphoid feve serotypes Paraty | ish poisoning er (<i>Salmonella</i> phi A, Paratyp | ohi B, | Syphilis Syphilis neonate Tetanu: Trichine | s s in pregnant women and es s ellosis (trichinosis) |
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