

# Instructions:

- Please complete the attached Practioner Disease Report Form in its entirety.
- Please be sure to check the box indicating what disease/condition you are reporting.
- Utilize the “Comments” section to include any additional relevant information to the report.
- Please include medical records with your report to include symptomology/presenting complaint, laboratory results, provider notes, and any treatments, if applicable.

**Please fax the report form and all relevant documentation to the Florida Department of Health in Sumter County at: 352-512-6555.**

**Questions? Call 352-569-3143.**



# 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**

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

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

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

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

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

**Gender:**  Male  Female  Unknown  If female, pregnant:  Yes  No  Unknown

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

**Race:**  American Indian/Alaska native  White  Asian/Pacific islander  Other  Black  Unknown

**Ethnicity:**  Hispanic  Non-Hispanic  Unknown

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

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

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

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

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

**Emergency phone:** \_\_\_\_\_

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

**Medical Information**

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

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

**Died:**  Yes  No  Unknown

**Hospitalized:**  Yes  No  Unknown

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

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

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

**Treated:**  Yes  No  Unknown

**Specify treatment:**

**Laboratory testing:**  Yes  No  Unknown **Attach laboratory result(s) if available**

**Provider Information**

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

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

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

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

To obtain local county health department contact information, see [www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact). See [www.FloridaHealth.gov/DiseaseReporting](http://www.FloridaHealth.gov/DiseaseReporting) for other reporting questions. 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 county health department for these forms (visit [www.FloridaHealth.gov/CHDEpiContact](http://www.FloridaHealth.gov/CHDEpiContact) to obtain 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 (<http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

**Reportable Diseases and Conditions in Florida** ! Notify upon suspicion 24/7 by phone 📞 Notify upon diagnosis 24/7 by phone

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|--|---|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amebic encephalitis</li> <li>! <input type="checkbox"/> Anthrax</li> <li><input type="checkbox"/> Arsenic poisoning</li> <li>! <input type="checkbox"/> Arboviral diseases not otherwise listed</li> <li><input type="checkbox"/> Babesiosis</li> <li>! <input type="checkbox"/> Botulism, foodborne, wound, and unspecified</li> <li><input type="checkbox"/> Botulism, infant</li> <li>! <input type="checkbox"/> Brucellosis</li> <li><input type="checkbox"/> California serogroup virus disease</li> <li><input type="checkbox"/> Campylobacteriosis</li> <li><input type="checkbox"/> Carbon monoxide poisoning</li> <li><input type="checkbox"/> Chancroid</li> <li><input type="checkbox"/> Chikungunya fever</li> <li>📞 <input type="checkbox"/> Chikungunya fever, locally acquired</li> <li><input type="checkbox"/> Chlamydia</li> <li>! <input type="checkbox"/> Cholera (<i>Vibrio cholerae</i> type O1)</li> <li><input type="checkbox"/> Ciguatera fish poisoning</li> <li><input type="checkbox"/> Conjunctivitis in neonates &lt;14 days old</li> <li><input type="checkbox"/> Creutzfeldt-Jakob disease (CJD)</li> <li><input type="checkbox"/> Cryptosporidiosis</li> <li><input type="checkbox"/> Cyclosporiasis</li> <li>! <input type="checkbox"/> Dengue fever</li> <li>! <input type="checkbox"/> Diphtheria</li> <li><input type="checkbox"/> Eastern equine encephalitis</li> <li><input type="checkbox"/> Ehrlichiosis/anaplasmosis</li> <li><input type="checkbox"/> <i>Escherichia coli</i> infection, Shiga toxin-producing</li> <li><input type="checkbox"/> Giardiasis, acute</li> <li>! <input type="checkbox"/> Glanders</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Gonorrhoea</li> <li><input type="checkbox"/> Granuloma inguinale</li> <li>! <input type="checkbox"/> <i>Haemophilus influenzae</i> invasive disease in children &lt;5 years old</li> <li><input type="checkbox"/> Hansen's disease (leprosy)</li> <li>📞 <input type="checkbox"/> Hantavirus infection</li> <li>📞 <input type="checkbox"/> Hemolytic uremic syndrome (HUS)</li> <li>📞 <input type="checkbox"/> Hepatitis A</li> <li><input type="checkbox"/> Hepatitis B, C, D, E, and G</li> <li><input type="checkbox"/> Hepatitis B surface antigen in pregnant women and children &lt;2 years old</li> <li>📞 <input type="checkbox"/> Herpes B virus, possible exposure</li> <li><input type="checkbox"/> Herpes simplex virus (HSV) in infants &lt;60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children &lt;12 years old</li> <li><input type="checkbox"/> Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children &lt;6 years old; anogenital papillomas in children ≤12 years old</li> <li>! <input type="checkbox"/> Influenza A, novel or pandemic strains</li> <li>📞 <input type="checkbox"/> Influenza-associated pediatric mortality in children &lt;18 years old</li> <li><input type="checkbox"/> Lead poisoning (blood lead level ≥5 ug/dL)</li> <li><input type="checkbox"/> Legionellosis</li> <li><input type="checkbox"/> Leptospirosis</li> <li>📞 <input type="checkbox"/> Listeriosis</li> <li><input type="checkbox"/> Lyme disease</li> <li><input type="checkbox"/> Lymphogranuloma venereum (LGV)</li> <li><input type="checkbox"/> Malaria</li> <li>! <input type="checkbox"/> Measles (rubeola)</li> </ul> | <ul style="list-style-type: none"> <li>! <input type="checkbox"/> Melioidosis</li> <li><input type="checkbox"/> Meningitis, bacterial or mycotic</li> <li>! <input type="checkbox"/> Meningococcal disease</li> <li><input type="checkbox"/> Mercury poisoning</li> <li><input type="checkbox"/> Mumps</li> <li>📞 <input type="checkbox"/> Neurotoxic shellfish poisoning</li> <li>📞 <input type="checkbox"/> Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C)</li> <li>📞 <input type="checkbox"/> Pertussis</li> <li><input type="checkbox"/> Pesticide-related illness and injury, acute</li> <li>! <input type="checkbox"/> Plague</li> <li>! <input type="checkbox"/> Poliomyelitis</li> <li><input type="checkbox"/> Psittacosis (ornithosis)</li> <li><input type="checkbox"/> Q Fever</li> <li>📞 <input type="checkbox"/> Rabies, animal or human</li> <li>! <input type="checkbox"/> Rabies, possible exposure</li> <li>! <input type="checkbox"/> Ricin toxin poisoning</li> <li><input type="checkbox"/> Rocky Mountain spotted fever and other spotted fever rickettsioses</li> <li>! <input type="checkbox"/> Rubella</li> <li><input type="checkbox"/> St. Louis encephalitis</li> <li><input type="checkbox"/> Salmonellosis</li> <li><input type="checkbox"/> Saxitoxin poisoning (paralytic shellfish poisoning)</li> <li>! <input type="checkbox"/> Severe acute respiratory disease syndrome associated with coronavirus infection</li> <li><input type="checkbox"/> Shigellosis</li> <li>! <input type="checkbox"/> Smallpox</li> <li>📞 <input type="checkbox"/> Staphylococcal enterotoxin B poisoning</li> </ul> | <ul style="list-style-type: none"> <li>📞 <input type="checkbox"/> <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)</li> <li><input type="checkbox"/> <i>Streptococcus pneumoniae</i> invasive disease in children &lt;6 years old</li> <li><input type="checkbox"/> Syphilis</li> <li>📞 <input type="checkbox"/> Syphilis in pregnant women and neonates</li> <li><input type="checkbox"/> Tetanus</li> <li><input type="checkbox"/> Trichinellosis (trichinosis)</li> <li><input type="checkbox"/> Tuberculosis (TB)</li> <li>! <input type="checkbox"/> Tularemia</li> <li>📞 <input type="checkbox"/> Typhoid fever (<i>Salmonella</i> serotype Typhi)</li> <li>! <input type="checkbox"/> Typhus fever, epidemic</li> <li>! <input type="checkbox"/> Vaccinia disease</li> <li><input type="checkbox"/> Varicella (chickenpox)</li> <li>! <input type="checkbox"/> Venezuelan equine encephalitis</li> <li><input type="checkbox"/> Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)</li> <li>! <input type="checkbox"/> Viral hemorrhagic fevers</li> <li><input type="checkbox"/> West Nile virus disease</li> <li>! <input type="checkbox"/> Yellow fever</li> <li>! <input type="checkbox"/> Zika fever</li> <li>! <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. Specify in comments below.</li> </ul> |
|--|---|--|--|

**Comments:**

**Coming soon:**  
**"What's Reportable?" app**  
 for iOS and Android