TEXAS Department of State Health Services

Infectious Disease Report

Form is published at http://www.dshs.state.tx.us/idcu/investigation/conditions/

General Instructions

This form may be used to ***report suspected cases and cases of notifiable conditions*** in Texas, listed with their reporting timeframes on the current *Texas Notifiable Conditions List* available at http://www.dshs.state.tx.us/idcu/investigation/conditions/. In addition to specified reportable conditions, ***any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported*** *by the most expeditious means available.* A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

Suspected cases and cases should be reported to your local or regional health department.

DSHS Region 7 Reporting Information:

24/7 line: 254-778-6744 Fax: 254-899-0405

Disease or Condition	Date: ________________ (*Check type*) *(Please fill in onset or closest known date)*	☐ Onset ☐ Absence	☐ Specimen collection ☐ Office visit	
Practitioner Name	Practitioner Address/☐ See Facility address below	Practitioner Phone/☐ See Facility phone below (______) ______ - ________		
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)				
Patient: Name (Last)	(First)	(MI)	Phone Number: (____) ____ - ______	
Address (Street)	City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex ☐ Male ☐ Female ☐ Other ________________	Ethnicity ☐ Hispanic ☐ Not Hispanic	Race ☐ White ☐ Black ☐ Asian ☐ Other ☐ Unknown
Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), school name/grade, travel history				
Name of Reporting Facility	Address			
Name of Person Reporting	Title	Phone Number (____) _____ - _______ extension _________		
Date of Report (mm/dd/yyyy)	E-mail			

Health Department (local, regional, or state) use only

☐ Confirmed ☐ Probable ☐ Suspected ☐ Dropped ☐ Duplicate, with new information

Above Information is CONFIDENTIAL. Please notify sender if received in error and return or destroy.