



Okaloosa County Notifiable Disease Report Form						<input type="checkbox"/> Initial Report <input type="checkbox"/> Update		
(Fields in Bold are required and must be completed, completion of other fields optional)								
Patient's Last Name		First Name		M.I.	Date of Birth / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK	
Address					City	Zip Code	County of Residence	
Phone Number Home () Work ()					Medical Record Number		Social Security Number	
Disease/Health Condition					Date of Onset / /		Date of Report / /	
LABORATORY INFORMATION					Name Person Reporting:			
Date	Test	Specimen	Result (if available)		Organization			
					Address			
					Phone ()			
					Attending Physician			
					Phone ()			
Please send or fax copies of all pertinent lab results along with this form. This would include liver function tests for hepatitis cases.								
RACE:		ETHNICITY:		IS THIS CASE:		IMPORTED:		OCCUPATION:
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Mixed Race <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/> Probable		<input type="checkbox"/> Florida Acquire <input type="checkbox"/> Outside U.S. (where) _____ <input type="checkbox"/> U.S. not FL (where) _____ <input type="checkbox"/> Unknown		
HOSPITALIZED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		HOSPITAL NAME/DATE ADMISSION:			DIED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		DATE OF DEATH: / /	
CHECK ALL THAT APPLY: <input type="checkbox"/> Patient is pregnant <input type="checkbox"/> Patient is a foodhandler <input type="checkbox"/> Patient is a child/worker in daycare <input type="checkbox"/> Patient is a healthcare worker <input type="checkbox"/> Patient is a school aged child					COMMENTS:			
Section 381.0031(1,2), Florida Statutes provides that "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." The DOH county health department serves as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ...and shall furnish a copy of said list to the practitioners..."					Mail or fax completed forms. If mailed place in an envelope marked confidential to: Okaloosa County Health Department Epidemiology, Surveillance Section 221 Hospital Drive N.E. Fort Walton Beach, Florida 32548 Phone: (850) 833-9240 Fax: (850) 833-7577 (confidential fax)			