ORANGE COUNTY HEALTH DEPARTMENT
EPIDEMIOLOGY

http://www.orchd.com

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."

For all reportable diseases **EXCEPT** HIV/AIDS, STD, or TB** please mail or fax this form to:

Orange County Health Department, Epidemiology
6101 Lake Ellenor Drive
Orlando, FL 32809
Phone: (407) 858-1420, Fax: (407) 858-5517, DO NOT EMAIL

Disease Information

Reportable disease: _____ Onset of symptoms: ___/___/___ (mm dd yy)

Symptoms: _____

_____

Hospitalized: ☐Yes ☐No ☐Unknown Pregnant: ☐Yes ☐No ☐Unknown

Treatment: _____ Date: ___/___/___ (mm dd yy)

Patient Information

Patient name: _____ Date of birth: ___/___/___ (mm dd yy)

Sex: ☐Male ☐Female Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Unknown

Race: ☐White ☐Black ☐American Indian/Alaskan Native ☐Asian/Pacific Islander ☐Other ☐Unknown

Address: _____
Street City State Zip

Home phone: (___) ___-____

Parent/guardian: _____ Work phone: (___) ___-____ x____

Parent/guardian: _____ Work phone: (___) ___-____ x____

Laboratory Information

Laboratory name: _____

Specify test(s) performed: _____

Specimen source(s): _____

Specimen collection date(s): ___/___/___ ___/___/___ ___/___/___
(mm dd yy) (mm dd yy) (mm dd yy)

Results: _____ Patient/parent notified of results: ☐Yes ☐No ☐Unknown

Facility Information

Physician and facility name: _____

Reporting staff member: _____

Address: _____
Street City State Zip

Phone: (___) ___-____ x____

Reported by: ☐Fax ☐Phone ☐Mail Consent to contact patient: ☐Yes ☐No

****For HIV/AIDS, STD, and TB reporting, contact those departments directly:**

HIV/AIDS: (407) 858-1400 x1297 (phone)
STD: (407) 836-2600 x78123 (phone), (407) 836-7101 (fax)
TB Control: (407) 836-2527 (phone), (407) 836-2639 (fax)

Form revised 1/23/08