San Antonio Metropolitan Health District
Epidemiology and Surveillance

Notifiable Conditions Reporting Form
Version 01/2014

Please complete all spaces:

Notifiable Condition:__________________________________________________________________

Patient Information

Patient Name:________________________________ D.O. B._______________ Age______________
Sex:___________ Race:_________________________________ Ethnicity: Hispanic Not Hispanic
Address:____________________________________________________________________________
          Street Address   City  State  Zip  County
Phone#______________________________ Alternate Phone#_________________________________
Pregnancy Status: yes/no if yes, how many weeks:_________________ Delivery Date:_____________

Alternate Case Contact Information

Name: __________________ Phone: ___________________ Relationship to Patient:______________
Address: ___________________________________________________________________________
          Street Address   City  State  Zip  County

Reporting Facility Information/Lab Information

Reporting Facility: ________________________________________________________________
Contact Person:___________________________________ Phone #____________________________
Address:____________________________________________________________________________
          Street Address   City  State  Zip  County
Lab Used:___________________________________________________________________________
Specimen Type:__________________ Date of Collection: ____________Final Report Date:_________

Patient Treatment Information

Reporting Physician:______________________________ Phone #____________________________
Date of Treatment:_____________________________ Treatment Given:
Hospitalized? Y N If yes, admit date:____________ Discharge date:_________________

Please fax a copy of pertinent lab reports, physician notes and this form for all notifiable conditions to:

SAMHD
Epidemiology and Surveillance Team
2509 Kennedy Circle, Bldg 125
Telephone: (210) 207-8876   Fax: (210) 207-8807

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