Notifiable Conditions Reporting Form

Epidemiology Program

Report STDs/HIV to:
STDs/HIV Clinic
512 East Highland
San Antonio, TX 78210
Phone: (210) 207-8830 Fax: (210) 207-2116

Report Tuberculosis to:
Tuberculosis Clinic
2303 SE Military Drive, Bldg 528
San Antonio, TX 78223
Phone: (210) 207-8823 Fax: (210) 207-8779

Report all other conditions to:
Epidemiology Team
2509 Kennedy Circle, Bldg 125
San Antonio, TX 78235
Phone: (210) 207-8876 Fax: (210) 207-8807

***In addition to this form, please fax a copy of pertinent lab reports and physician notes.**

Notifiable Condition:____

Patient Information

Patient Name:________________________D.O.B.____________Age:____________

Sex: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Not Hispanic Race: ☐ American Indian ☐ Asian ☐ Black ☐ Other ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown

Address:____
Street Address City State Zip County

Phone#______________________Alternate Phone#________________________

Pregnancy Status: Y N If Yes, How Many Weeks:_________Delivery Date:____________

Alternate Case Contact Information

Name:____________Phone:____________Relationship to Patient:______________

Address:____
Street Address City State Zip County

Hepatitis ONLY: (Circle Type) **HAV HBV HCV** ☐ **Acute** ☐ **Chronic** ☐ **Jaundice Dx Date:**___________
SGOT/AST:_______ **Collection Date:**________ **SGPT/ALT:**______ **Collection Date:** ___________

Patient Treatment Information

Reporting Physician:________________________Phone #________________________

Date of Treatment:____________________Treatment Given:_______________________

Hospitalized? Y N If Yes, Admit Date:__________Discharge Date:_________________

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:____________