

# DISEASE REPORT CARD

Fax completed form to: 800-233-1817

Cases may also be reported by phone: 651-201-5414, 1-877-676-5414

## PATIENT DEMOGRAPHIC INFORMATION

Medical Record Number: \_\_\_\_\_

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_ Mobile/cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male Female  
Unknown Other: \_\_\_\_\_

Pregnant? Yes No Unknown

Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Delivery hospital: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work, school, or child care: \_\_\_\_\_

Foodhandler? Yes No Unknown

Contact with children in child care? Yes No Unknown

Patient status at time of reporting: Alive Dead Unknown

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Death location: \_\_\_\_\_

Race (check all that apply):

American Indian or Alaska Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Other: \_\_\_\_\_ Unknown

Ethnicity:

Hispanic or Latino

Non-Hispanic

Unknown

Hospitalized?

Yes

No

Unknown

Hospital name: \_\_\_\_\_

Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharged to:

Long-term Care/Skilled Nursing Facility

Long-term Acute Care Hospital

Home Other: \_\_\_\_\_

## DISEASE AND LABORATORY INFORMATION

Disease: \_\_\_\_\_

Case Suspected case Asymptomatic carrier

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab findings: \_\_\_\_\_

Test method: \_\_\_\_\_

Source: \_\_\_\_\_

Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Person reporting: \_\_\_\_\_

Institution/clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician/PA/NP name: \_\_\_\_\_

Phone: \_\_\_\_\_

Lab name: \_\_\_\_\_

Phone: \_\_\_\_\_

Visit [Infectious Disease Reporting \(www.health.state.mn.us/diseasereport\)](http://www.health.state.mn.us/diseasereport)

for the current list of reportable diseases and conditions, more information about all communicable diseases in Minnesota, and report forms for specific diseases.



Minnesota Dept. of Health  
PO Box 64975, St. Paul, MN 55164-0975  
[www.health.state.mn.us](http://www.health.state.mn.us)

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ID# 53588  
9/2024