

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: ____ / ____ / ____

Race (check all that apply):

Sex: Male Female
 Unknown Other: _____

American Indian or Alaska Native

Pregnant? Yes No Unknown

Asian

Due date: ____ / ____ / ____

Black

Delivery hospital: _____

Native Hawaiian or Pacific Islander

Occupation: _____

White

Place of work, school, or child care: _____

Other: _____

Unknown

Foodhandler?

Yes No Unknown

Ethnicity:

Hispanic or Latino

Non-Hispanic

Unknown

Contact with children in child care?

Yes No Unknown

Hospitalized?

Yes No

Unknown

Patient status at time of reporting:

Alive Dead Unknown

Hospital name: _____

Admit date: ____ / ____ / ____

Date of death: ____ / ____ / ____

Discharge date: ____ / ____ / ____

Death location: _____

Discharged to:

Long-term Care/Skilled Nursing Facility

Long-term Acute Care Hospital

Home

Other: _____

DISEASE AND LABORATORY INFORMATION

Disease: _____

Person reporting: _____

Case Suspected case

Institution/clinic: _____

Onset date: ____ / ____ / ____

Phone: _____

Lab findings: _____

Date reported: ____ / ____ / ____

Test method: _____

Physician/PA/NP name: _____

Source: _____

Phone: _____

Collection date: ____ / ____ / ____

Lab name: _____

Result date: ____ / ____ / ____

Phone: _____

Comments: _____

Visit **Infectious Disease Reporting** (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

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