



CONFIDENTIAL NOTIFIABLE CONDITION FORM

Department of Public Health Epidemiology Program
You may report via our Secure Fax or Email:



Phone: (915) 212-6520
Fax: (915) 212-0170
Email: epireporting@elpasotexas.gov

Highlighted Fields Are Required

DATE: _____

DISEASE OR CONDITION: _____

CASE STATUS: Confirmed Suspected Clinical Diagnosis

Reporting Agency: _____

Submitted by: _____ **Agency Phone Number:** _____

Patient's Name: _____ **Date of Birth:** _____ **Age:** _____

Patient's Address: _____ **City:** _____ **Zip Code:** _____

Patient's Telephone #: _____ **Work#:** _____

Sex: Male Female **Pregnant:** Yes No Unk **Death:** Yes No **Death Date:** _____

Ethnic origin: Hispanic Non-Hispanic **Race:** White Black Asian Other _____

Patient's Occupation: _____

School Name: _____ **Grade:** _____

Address: _____ **Phone Number:** _____

Date of Onset: _____ **Date of Diagnosis:** _____

Vaccine Date: _____ **Provider:** _____ Hx of Disease

Rash: Mild Moderate Severe **Hospital Admission:** Yes No **Hospital Name:** _____

Date of Admission: _____ **Date of Discharge:** _____

Attending Physician: _____ **Phone Number:** _____

Specimen Source: _____ **Date Collected:** _____

Laboratory Test Type: _____ **Result:** _____

COMMENTS: _____

Report taken by: _____ Date entered to NBS: _____ Date entered to Epi DB: _____

The HIPAA Privacy Rule [45 C.F.R. Section 164.512(b)] specifically allows public health disclosures for public health activities to protect the public safety and well being of our communities and residents.