

Confidential Notifiable Condition Report Form						
Date of report:	Reporting Facility:					
Phone:	Person preparing report:					

Patient Name (Last, First): Does of Debt: Ded non this linese? Yes No Pervase														
Speciment deceased? 1 Yes No	Patient Information													
Address (Strock): Mark # City State: ZIP:	Patient Name (Last, First):			Date of Birth:				Sex:	x: 🗆 Male 🗆 Female					
Pince # (Worl):	Is patient deceased?	☐ Yes ☐ No	Date of	Death:			Died from this illness?	☐ Yes	□ No					
Emergency Contact Name: Metalescenting Metalescentin	Address (street):		Į.	Apt #:	City	/ :		State	<u>:</u> :	ZIP:	-			
Recent Asian American Asiaskan Native Black / African American Native Hewalian / Other Pacific Islander White Unknown Programs William White Unknown Associated with a fast care facility Wis No Unknown Associated with a fast that facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Associated with a death care facility Wis No Unknown Wishington	Phone # (Home):	hone # (Home):			Work):		Phone # (Ce	II):						
Trainor, parent or guardian name:														
If minor, parent or guardian name:	Race: Asian American Indian / Alaskan Native Black / African American Native Hawaiian / Other Pacific Islander Unknown													
Pregnant?														
Associated with a day care facility? Yes No Unknown Associated with a health care facility? Yes No Unknown	·		Yes □ No						□ Yes	□ No	□ Unknown			
Supected foodborne or waterborne Illness? Ves No Unknown						<u> </u>								
Contact Name: Relationship: Phone Number:						<u> </u>								
To be reported Main Acquired immune deficiency Hammophilus influenzae, invasive Q Fever Rickettsiosis (Rocky mountain spotted fever, other) Acquired immune deficiency Hammophilus influenzae, invasive Q Fever Rickettsiosis (Rocky mountain spotted fever, other) Acquired immune deficiency Hammophilus influenzae, invasive Q Fever Rickettsiosis (Rocky mountain spotted fever, other) Rickettsiosis (Rickettsiosis (Rocky mountain spotted fever, other) Rickettsiosis (Potter) Rickettsiosis (Rickettsiosis (Ric	Associated with a day care lac	lility:	tes 🗆 NO	Unknown	Sus	spected тоодрогі	ie or waterborne lililess?		⊔ res		□ UNKNOWN			
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To be reported								DI N						
Anthrax	Contact Name:			ŀ	Relationship):		Phone Number:						
Anthrax														
Acquired immune deficiency Haemophilus influenzae, invasive Q Fever Hansen's Disease (leprosy) Rickettsiosis (Rocky mountain spotted fever, other) Randaymus virus Randaymus virus viru	Kenoring of STD/FDV/ADDS/TD May DNLT be raxed to 915-717-0170													
Influenza novel		<u>EL1</u>	□ Acquired	immune deficie	ancv	□ Haemonh	nilus influenzae invasive		0 Fever					
Botulism					псу	•	•			(Rockv	mountain spotted			
Corcoavirus, novel (including SARS and MERS) Babesiosis Hepatitis A Babesiosis Brucellosis Brucellosis Hepatitis R (acute) Shigellosis Shigellosis Shigellosis Hepatitis R (acute) Shigellosis Shigello					encephalitis		· · · //			(/				
Babesiosis Bab	□ Chikungunya virus		□ Anaplasm	osis		☐ Hemolytic	c Uremic Syndrome (HUS)							
Dengue Virus □ Diphtheria □ Lead, child blood & adult blood ≥ 3.5 □ Influenza Lead, child blood & adult blood ≥ 3.5 □ Campylobacteriosis □ Cappylobacteriosis □ Chianylobacteriosis □ Cappylobacteriosis □ Cappylobacteriosis □ Cappylobacteriosis □ Cappylobacteriosis □ Cappylobacteriosis □ Chianylobacteriosis □ Cappylobacteriosis □ Cappyl	□ Coronavirus, novel (inclu	iding SARS and	□ Ascariasis	;						s, includ	ling typhoid			
□ Diphtheria □ Lead, child blood & adult blood ≥ 3.5 □ Lead, child blood & adult blood Lead, child bloo			□ Babesiosi	S			☐ Hepatitis B (acute)							
□ Lead, child blood & adult blood ≥ 3.5 ug/dictions □ Candida auris □ Chagas Disease □ Coccidiodomycosis (Valley fever) □ Cyptosporidiosis □ Cysticercosis														
ug/dl										•				
Mexales Chancroid Hookworm Hookworm Syphilis (any stage) Chancroid Chickenpox (varicella) Chiamydia trachomatis infection Coccidioidomycosis (Valley fever) Cryptosporidiosis Cysticercosis Cysticerco	*	· · · · · · · · · · · · · · · · · · ·												
Meningococcal infection, invasive (Neisseria meningitidis)						, , ,								
(Neisseria meningitidis) Mpox														
Mpox	4						•							
Plague (Yersinia pestis)	C .													
Rabies, human Samplox Staphylococcus aureus, VISA and VRSA Cyclosporiasis Cyclosp					ey fever)	, , , , ,								
□ Smallpox □ Staphylococcus aureus, VISA and VRSA □ Tuberculosis (Mycobacterium tuberculosis complex) □ Tularemia □ Viral hemorrhagic fever (including Ebola) □ Vellow Fever □ Zika Virus □ Suspected outbreak (specify): □ Clinical Information Provider name: Was the patient hospitalized for this illness? □ Clinical Diagnosis Clinical Diagnosis Lab Information — Please fax copies of labs with this form Specimen Collection Date Test Type and Result Please fax or email this form with a copy of relevant lab reports to: Eax: 915-212-0170 Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Ponse Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults														
Staphylococcus aureus, VISA and VRSA Tuberculosis (Mycobacterium tuberculosis (STEC) Lyme Disease Typhus Tuberculosis (Ident) Tuberculosis (Mycobacterium tuberculosis (STEC) Lyme Disease Typhus Tuberculosis (Ident) Tuberculosis (Ide	•					•								
Tuberculosis (Mycobacterium tuberculosis complex)		VISA and VRSA												
complex) Clinical Information	' '			iga Toxin-prodi	ucing									
□ Tularemia □ Ehrlichiosis □ Mumps □ Vibrio infection including cholera □ Yellow Fever □ Zika Virus □ Pertussis □ Pertussis □ West Nile Virus (neuroinvasive and fever) □ Suspected outbreak (specify): □ Fascioliasis □ Polio □ Yersiniosis □ Other (specify): □ Giardiasis □ Gonorrhea □ Illness Onset Date: □ Diagnosis Date: Was the patient hospitalized for this illness? □ Yes □ No □ Unknown Hospital Name: Please fax copies of labs with this form Please fax copies of labs with this form Please fax or email this form with a copy of relevant lab reports to: Fax: 915-212-0170 Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Phone Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults	(5120)						•							
Viral hemorrhagic fever (including Ebola) Enterobacteriaceae − Carbapenem Paragonimiasis West Nile Virus (neuroinvasive and fever) Pertussis Pertussio Pertussi														
Yellow Fever	□ Vival hamavybagia favor (including Ehala)				rhanonom	•								
Zika Virus				iteriaceae – Ca	праренен	_			•					
Suspected outbreak (specify): Giardiasis Gonorrhea Clinical Information Provider name: Illness Onset Date: Was the patient hospitalized for this illness? Ves No Unknown Hospital Name: Laboratory Confirmed Clinical Diagnosis Lab Information — Please fax copies of labs with this form Specimen Collection Date Test Type and Result Please fax or email this form with a copy of relevant lab reports to: Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Phone Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults				is					☐ Yersiniosis					
Clinical Information Provider name: Was the patient hospitalized for this illness? Yes No Unknown Hospital Name: Laboratory Confirmed Clinical Diagnosis Specimen Collection Date Test Type and Result Please fax or email this form with a copy of relevant lab reports to: Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Phone Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults	_ : ass.e						☐ Prion disease such as Creutzfeldt-Jakob			☐ Other (specify):				
Provider name: Illness Onset Date: Diagnosis Date: Was the patient hospitalized for this illness? Yes No Unknown Hospital Name: Laboratory Confirmed Clinical Diagnosis Specimen Collection Date Test Type and Result Please fax or email this form with a copy of relevant lab reports to: Fax: 915-212-0170 Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Phone Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults						disease (CJI								
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□ Laboratory Confirmed □ Clinical Diagnosis Lab Information — Please fax copies of labs with this form Specimen Collection Date Test Type and Result Please fax or email this form with a copy of relevant lab reports to: Fax: 915-212-0170 Email: epireporting@elpasotexas.gov 24/7 Notifiable Condition Reporting Phone Number: 915-212-6520 This number is answered 24/7 for reportable conditions and epidemiology consults	Provider name:]	Illness Onset Da	te:		Diagnosis [Date:				
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