Galveston County Health District

Epidemiology Services

Send completed forms to:
GCHD Epidemiology Services
P.O. Box 939 La Marque, TX 77568
Phone: 409.938.2208 or 409.938.2215
Fax: 409.938.2399

Infectious Disease Report

This form may be used to report suspected cases and cases of notifiable conditions in Texas, listed with their reporting timeframes on the reverse side of this form or available at http://www.gchd.org/epidemiology/notecondition.htm

Patient

Name (last, first): _____

Address: _____ ☐ Homeless

City/County/Zip: _____

Phone(s): _____

Occupation:_____ ☐Daycare ☐Food Handler

Employer: _____ School/daycare name:_____

Alt. Contact: ☐Parent/Guardian ☐Spouse ☐Other _____

Name: _____ Daytime Phone: _____

Birth date: ___/___/___ Age: ____

Gender: ☐F ☐M ☐Other ☐Unkn

Ethnicity: ☐ Hispanic or Latino
☐ Non Hispanic or Latino

Race (check all that apply):
☐ Asian
☐ Black/African American
☐ White
☐ Unknown
☐ Other _____

Clinical

Diagnosis: _____ **☐Confirmed ☐Suspect**

Diagnosis Method: ☐Clinical ☐Serology ☐Culture ☐biopsy/smear

Onset Date: ___/___/___ Illness duration: _____ days

Symptoms: _____

Therapy: _____ Prognosis: _____

☐ Pregnant Due Date: _____

Physician: _____

Phone: _____

Hospital: _____

Admitted: _____ Discharged:_____

MRN:_____

Lab Data

Pathogen: _____ **Specimen Type**: _____

Date Collected: ___/___/___

Other lab results: _____

Other Info

Please provide additional relevant information below such as case contacts with same disease/symptoms or needing prophylaxis, possible sources of illness, dates, and places of exposure, schools/child care facilities attended, etc.

_____

_____

_____

Report Source

Initial Report Date:___/___/___
Reporter:☐Lab ☐Hospital ☐Other_____
Reporter Name: _____
Reporter Phone: _____

GCHD Use Only:
Date Received: ___/___/___
Investigation start date: ___/___/___
Entered into registry? ☐Y ☐N
Entered into NBS? ☐Y ☐N

***Report AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis to:**
Galveston County Health District – STI Control Services – P.O.Box 939 – La Marque, TX 77568
Forms for these reports are available at this address or telephone (409) 765-2528.