

Confidential Infectious Disease Report Form State of Alaska, Section of Epidemiology

Health care providers may use this form to report infectious diseases. Please use the STD/HIV Disease Report Form to report Sexually Transmitted Diseases and HIV. Forms may be found at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>.

Immediately report any suspected or confirmed public health emergency to 907-269-8000 (during business hours) or 1-800-478-0084 (afterhours). Diseases classified as public health emergencies are listed in bold on page 6 on the Disease Reporting Manual (<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>).

Patient Information

Last Name _____ First Name _____ MI _____

Date of birth _____ Sex: Female Pregnant: No Yes EDC _____ Unknown
(mm/dd/yyyy) Male
Transgender

Race: White Asian Ethnicity: Hispanic
Black Unknown Non-Hispanic
Alaska Native/American Indian Other _____ Unknown
Native Hawaiian/Pacific Islander

Physical Address _____ PO Box _____
City _____ State _____ Zip Code _____
Phones (home) _____ (cell) _____ (work) _____

Disease Information

Name of Disease _____

Was the diagnosis laboratory confirmed? Yes If Yes, Specimen Collection Date: _____
No Please attach copy of the lab report to this form.
If No, please attach copy of the clinical summary

Type of Specimen: Stool Type of test: Culture
Serum PCR
CSF Rapid test
Blood Other _____
 Other _____

Name of Medical Facility _____ Phone _____

Attending Health Care Provider _____ Laboratory Name (if known) _____

Reported by: _____ Date Reported: _____

Fax reports to (907) 561-4239 – please verify fax has been transmitted.
This form is also available online at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>

