|  |  |
| --- | --- |
| **Florida Department of Health – Citrus County Practitioner Disease Report Form**  Complete the following information to notify the Florida Department of Health of a reportable disease or condition, as required by Chapter 64D-3, *Florida Administrative Code* (*FAC*). This can be filled in electronically.  **SECURE FAX: 352-527-0393 PHONE: 352-527-0068 (1) Ext. 283**  *Mail Form To:* ATTN: Communicable Disease, 3700 West Sovereign Path, Lecanto FL 34461  **citrus chd_clr** |  |

**Treated:** Yes No Unk

**SSN:   
Last name:   
First name:   
Middle:   
Parent name:**

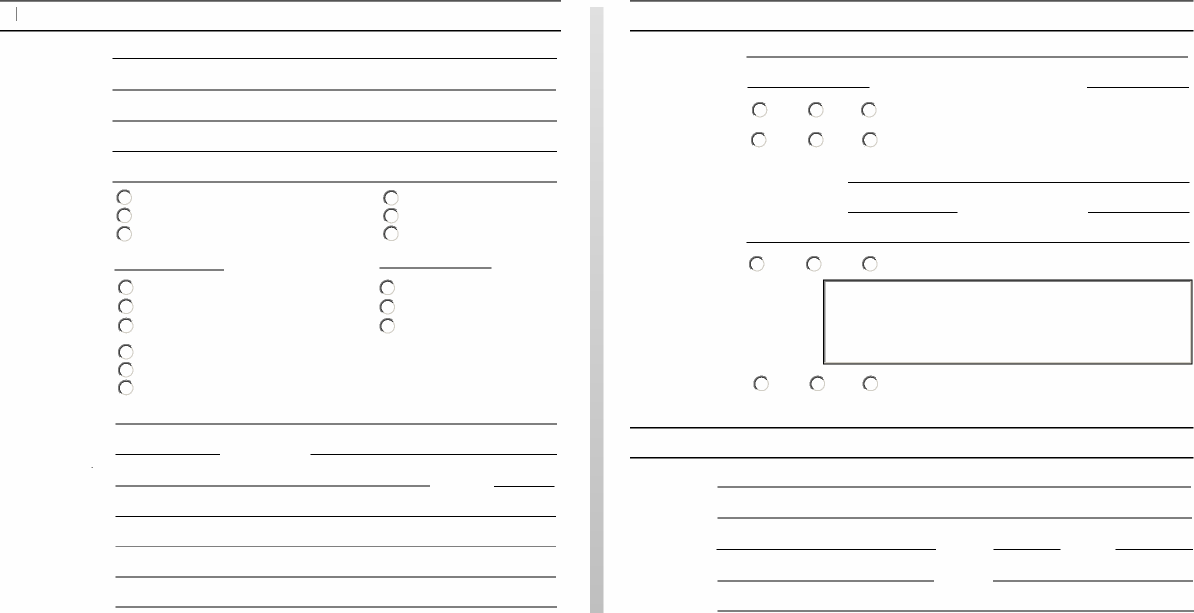
**Gender:** Male

Female Unk

**MRN:**

**City: State:**

**Home phone:   
Other phone:   
Emer. phone:**



**Patient Information**

**Birth date: Death date:**

**Race:** American Indian/Alaska Native

Asian/Pacific Islander

Black

**Ethnicity:** Hispanic

Non-Hispanic Unk

**Address:**

**ZIP: County:**

White Other Unk

Pregnant: Yes

No Unk

**Email:**

**Medical Information**

**Date onset: Date diagnosis:**

**Died:** Yes No Unk

Yes No Unk

Hospital name:

Date admitted: Date discharged:

**Hospitalized:**

**Insurance:**

Specify treatment:

**Provider Information**

**Physician: Address:**

**City: State: ZIP:**

**Phone: Fax:**

**Email:**

**Laboratory testing:**

Yes No Unk Attach laboratory result(s) if available.

**Reportable Diseases and Conditions in Florida Notify upon suspicion 24/7 by phone Notify upon diagnosis 24/7 by phone**





**HIV/AIDS and HIV-exposed newborn** notification should be made using the Adult HIV/AIDS Confidential Case Report Form, CDC 50.42A (revised March 2013) for cases in people ≥1 3 years old or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B (revised March 2003) for cases in people <13 years old. Please contact your local county health department for these forms (visit <http://floridahealth.gov/chdepicontact> to obtain CHD contact information). **Congenital anomalies** and **neonatal abstinence syndrome** notification occurs when these conditions are reported to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7 *FAC*. **Cancer** notification should be directly to the Florida Cancer Data System (see <http://fcds.med.miami.edu>). All other notifications should be to the CHD where the patient resides.

**To obtain CHD contact information, see** [**http://floridahealth.gov/chdepicontact**](http://floridahealth.gov/chdepicontact)**. See** [**http://floridahealth.gov/diseasereporting**](http://floridahealth.gov/diseasereporting) **for other reporting questions.**

