Communicable Disease Case Report

County Health Department/Local Health Jurisdiction (LHJ) Use Only:

LHJ Case ID __________________________

Reporter (check all that apply)
☐ Laboratory ☐ Hospital ☐ HCP ☐ DPHHS
☐ Public health agency ☐ Other

First report date to LHJ ______/____/____

LHJ Investigation start date ______/____/____

First report date to DPHHS ______/____/____

This report is: ☐ Initial ☐ Update: ______/____/____

DPHHS Use Only:

MMWR Week ______________

CDC Case Status
☐ Confirmed ☐ Probable

Disposition
☐ CDC Notification
☐ Out of State – faxed
☐ Not a Case

This notification form fulfills the Administrative Rules of Montana (ARM) requirements for disease reporting. Supplemental disease specific forms may also be required.

1. CASE INFORMATION

☐ Confirmed
☐ Probable
☐ Suspect

Onset Date Diagnosis Date

Hospitalized? ☐ Y ☐ N

Hospital Name Admit Date Discharge Date

2. CASE DEMOGRAPHIC INFORMATION

Birth date ______/____/____ Age _____

Current Sex ☐ F ☐ M ☐ Unknown

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Unknown

Last Name First Name MI

Address

City/Town State Zip

County/Tribal Jurisdiction Phone

Sensitive Occupation: Food Handler ☐ Y ☐ N Patient Care Provider ☐ Y ☐ N Day Care Provider ☐ Y ☐ N

Attends Day Care ☐ Y ☐ N

3. LABORATORY INFORMATION

Ordering Facility Laboratory Name

Ordered Test Collection Date Reported Result

Health Care Provider Phone

4. REPORTING INFORMATION

Reporter to LHJ Phone

5. NOTES

LHJ Investigator Phone/email