Lewis & Clark Public Health

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Communicable Disease Case Report

County/Tribal Jurisdiction

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

Disease/Condition	☐ Confirmed ☐ Probable ☐ Suspect	Onset Date	Diagnosis Date

Hospitalized? ☐ Y ☐ N

Hospital Name	Admit Date	Discharge Date

2. CASE DEMOGRAPHIC INFORMATION

Last Name	First Name	MI

Address

City/Town	State	Zip

County/Tribal Jurisdiction	Phone

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

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