Notifiable Disease Case Report *(Confidential)*

Philadelphia Department of Public Health
Division of Disease Control
Communicable Disease Control Program
500 S. Broad Street, Philadelphia, PA. 19146

City of Philadelphia
LIFE • LIBERTY • AND YOU™

Patient Information

Report Date *(Mo., Day, Yr.)*	Name *(Last, First, M.I.)*	Parent or caretaker (if applicable)
____ /____ /____		

Address *(Number, Street, Apt #, City, Zip Code)*

Telephone
(Home) _____
(Cell) _____
(Work) _____

DOB *(Mo., Day, Yr.)*	Age	Sex	Occupation
___/___/___		☐ Male ☐ Female	

Name of Employer or School	Employer/School Address (Number, Street, City, Zip Code)

Medical Information

Disease or Condition	Date of Onset *(Mo., Day, Yr.)*	Diagnosis	Fatal (check one)
	____ /____ /____	☐ Clinical ☐ Lab confirmed	☐ No ☐ Yes Date of Death _____

Chief Symptoms / Complaints
☐ cough ☐ nausea ☐ diarrhea ☐ headache ☐ joint pain
☐ coryza ☐ vomiting ☐ fever ☐ body aches ☐ rash
☐ other _____

Suspected source(s) of Infection (if known)
☐ school/daycare ☐ home/relative ☐ park/outdoors
☐ work ☐ restaurant ☐ recreational water
☐ travel ☐ other

If Case Hospitalized *(Name of Hospital/Medical Provider)*	Admission Date	Discharge Date
	___/___/___	___/___/___

Laboratory Information If Pertinent *(attach copies if applicable)*

Name of Lab	Name of Test	Site Source	Result	Collection Date	Result Date
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			

Antibiotic Sensitivities (if applicable)

Antibiotic	Resistant	Intermediate	Susceptible
Ampicillin	☐	☐	☐
Ceftriaxone	☐	☐	☐
Ciprofloxacin	☐	☐	☐
Levofloxacin	☐	☐	☐
Penicillin	☐	☐	☐
Trimethoprim/ Sulfamethoxazole (Bactrim)	☐	☐	☐

Notes

Reporter Information

Facility Name	Reporter Name	Reporter Phone #	Reporter
			☐ ICP ☐ ED ☐ School Nurse ☐ Lab ☐ Other _____

DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE

Name *(Person Receiving Report)*

Method of reporting
☐ Phone ☐ Fax ☐ Mail ☐ Other _____

Any unusual illness, disease clusters or possible outbreaks should be reported *immediately* by telephone. Please fax all completed reports to 215-238-6947 or call 215-685-6748 to report by phone.

Revised 08/17/2015

If reporting influenza, animal exposure, TB, please use specific form.