

Notifiable Disease Case Report (Confidential)		Division of Disease Control Acute Communicable Disease Program 1101 Market St, 12th Floor, Philadelphia, PA 19107		 Department of Public Health CITY OF PHILADELPHIA	
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, Jr.) ____ / ____ / ____	Age	Sex ☐ Male ☐ Female	Occupation		
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 ☐ Clinical ☐ Lab-Confirmed	Fatal (check one) ☐ No ☐ Yes Date of Death _____
Chief Symptoms / Complaints ☐ cough ☐ nausea ☐ diarrhea ☐ headache ☐ joint pain ☐ coryza ☐ vomiting ☐ fever ☐ body aches ☐ rash				Suspected source(s) of infection (if known) ☐ school/daycare ☐ home/relative ☐ park/outdoors ☐ work ☐ restaurant ☐ recreational water ☐ travel (where/dts: _____) ☐ 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)			Notes		
Antibiotic	Resistant	Intermediate	Susceptible		
Ampicillin	☐	☐	☐		
Ceftriaxone	☐	☐	☐		
Ciprofloxacin	☐	☐	☐		
Levofloxacin	☐	☐	☐		
Penicillin	☐	☐	☐		
Trimethoprim/ Sulfamethoxazole (Bactrim)	☐	☐	☐		
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 09/2026		If reporting influenza, animal exposure, or TB, please use specific form.			