



Davis County Health Department

CONFIDENTIAL DISEASE REPORT FORM

Today's Date ____/____/____

Patient's name (Last) (First) (Middle initial)

Street address City State Zip Code County

Home telephone number Alternate telephone number(s)

Form section containing Date of birth, Gender, Race, Ethnicity, Did the patient die?, Disease, Date of onset, Laboratory tested?, Pregnant?, and Date of death.

Form section containing Laboratory results, Specimen source, Name of laboratory, and Date collected.

Form section containing Is the patient a food handler? and Does the patient attend or work at a childcare center?

Form section containing Was the patient treated for this disease?, Was the patient hospitalized?, Treatment, Dosage, Name of hospital, Admit Date, and Discharge Date.

Form section containing Name of patient's physician, Facility/Clinic Name, Telephone number, Name of person reporting, and Telephone number.

Comments:

Please return completed form and a copy of lab results to: Davis County Health Department FAX (801) 525-5210 Davis County Health Department 24/7 Disease Reporting Line (801) 525-5220