



DISEASE REPORTING CARD

Disease reporting is required by Iowa Administrative Code [641]-1 (139A)
 To report call (800) 362-2736 or fax (515) 281-5698 or Iowa Disease Surveillance System IDSS)

DISEASE AND REPORTING INFORMATION

DISEASE/EVENT:			Species/type/group:		
Specimen source:			Date collected: / /		
Onset date: / /		Date reported to IDPH: / /			
Epi link?		Yes No Unknown		Isolate to UHL? (see back) Yes No Unknown	
Reporter Name:					
Phone: () -			Reporting facility Name:		

PATIENT INFORMATION

Name (last, first, middle):					
Address:					
City:		County:			Zip:
DOB: / /	Age: Years Months		Gender: M F Unknown		
Pregnant: Yes No Unknown		Marital Status: Single Married Divorced Widowed Unknown			
Race:	White Black or African American	American Indian or Alaska Native Hawaiian or Pacific Islander		Asian Unknown Other	
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown					
If minor, parent name(s):					
Home Phone: ()		Work Phone: ()		Other: ()	

Long term care facility resident? Yes No Unknown			Facility name:		
Is the case employed? Yes No Unknown			Employer Name:		
City:			State:		
In this occupation, does the case:		Handle food	Work in a healthcare setting		Work in a lab setting
Is the case enrolled in school or attending a child care facility? Yes No Unknown					
School/child care name:			City:		State:

Hospitalized for this disease? Yes No		Where:			
Admission date: / /		Was death due to this disease? Yes No			

HEALTHCARE PROVIDER AND LABORATORY INFORMATION

Name and title of health care provider:		Name of laboratory:			
Facility or clinic:		Laboratory phone: ()			
City & state:		City & state:			
Phone: ()		Does the case have clinical symptoms? Yes No		Is this case lab confirmed? Yes No	
Comments:					