



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? (<i>see back</i>)	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:	