

**Policy 504.2-E4
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:
Date of Birth:	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/guardian 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 healthcare setting Work in a lab setting	
Is the case enrolled in school or attending a childcare facility? Yes No Unknown	
School/Childcare 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 healthcare 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:

Adopted: 9/98

Reviewed: 7/13; 10/14; 11/17; 12/20; 10/23

Revised: 11/07

Related Policy: 504.02; 504.02-R; 504.02-E(1)-E(3)