

## CONFIDENTIAL DISEASE CASE REPORT

All diseases and conditions on the list of reportable diseases should be reported on an EPI-2430 card, or on other forms as stated. Please print out this form and forward reports by fax, 504-568-8290, or mail to the Infectious Disease Epidemiology Section, Department of Health & Hospitals, Office of Public Health, 1450 Poydras Street, Suite 1641, New Orleans, LA 70112. All facsimile transmissions are considered part of the confidential disease case report, and as such, are not subject to disclosure. Xerox additional copies as needed. Your support in disease reporting will enhance disease prevention.

DISEASE/CONDITION	DATE OF REPORT		DATE OF ONSET	
PATIENT'S NAME	RACE	ETHNIC**	SEX	DATE OF BIRTH
ADDRESS	STREET NO.(R.F.D IF rural)		ZIP CODE	
	CITY		PARISH	
HEAD OF HOUSEHOLD		PHONE		
DAY CARE CENTER YES ____ NO ____	DATE		SPECIMEN TYPE	
NAME OF DOC:				
LAB RESULTS				
COMMENTS				
PHYSICIAN/HOSPITAL			PHONE NUMBER	

WH=White not of Hispanic origin, BL=Black, Pac Is/Asi=Pacific Islander or Asian, AmInd/Al=American Indian or Alaskan Native, \*\* Hisp/non-Hispanic