

# DISEASE REPORT CARD

Fax completed form to: 1-800-233-1817

Cases may also be reported by phone: 651-201-5414, 1-877-676-5414

## PATIENT DEMOGRAPHIC INFORMATION

Medical Record Number: \_\_\_\_\_

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_ Mobile/cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male Female  
Unknown Other: \_\_\_\_\_

Pregnant? Yes No Unknown

Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Delivery hospital: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work, school, or child care: \_\_\_\_\_

Foodhandler? Yes No Unknown

Contact with children in child care? Yes No Unknown

Patient status at time of reporting: Alive Dead Unknown

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Death location: \_\_\_\_\_

Race (check all that apply):

American Indian or Alaska Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Other: \_\_\_\_\_ Unknown

Ethnicity:

Hispanic or Latino

Non-Hispanic

Unknown

Hospitalized?

Yes

No

Unknown

Hospital name: \_\_\_\_\_

Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharged to:

Long-term Care/Skilled Nursing Facility

Long-term Acute Care Hospital

Home Other: \_\_\_\_\_

## DISEASE AND LABORATORY INFORMATION

Disease: \_\_\_\_\_

Case Suspected case Asymptomatic carrier

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab findings: \_\_\_\_\_

Test method: \_\_\_\_\_

Source: \_\_\_\_\_

Collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Person reporting: \_\_\_\_\_

Institution/clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician/PA/NP name: \_\_\_\_\_

Phone: \_\_\_\_\_

Lab name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Use this form to report:** Carbapenem-resistant Enterobacteriaceae (CRE), Cat scratch disease (infection caused by *Bartonella* species), Coccidioidomycosis, *Cronobacter sakazakii*, Dengue virus, Encephalitis (caused by viral agents), Hantavirus infection, Hepatitis (all primary viral types including A, B, C, D, and E), Histoplasmosis (*Histoplasma capsulatum*), Influenza (unusual case incidence, critical illness, or laboratory confirmed cases), Kawasaki disease, *Kingella* spp. (invasive only), Leprosy (Hansen's disease) (*Mycobacterium leprae*), Leptospirosis (*Leptospira interrogans*), Meningitis (caused by viral agents), Psittacosis (*Chlamydia psittaci*), Retrovirus infections, Tetanus (*Clostridium tetani*), Transmissible spongiform encephalopathy, Tuberculosis (*Mycobacterium tuberculosis* complex) (Pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease, latent tuberculosis infection is not reportable.), Typhus (*Rickettsia* spp.), Zoster (shingles) (all cases <18 years old; other unusual case incidence or complications regardless of age); and sentinel surveillance for: Candidemia (*Candida* spp.) (blood isolates only), Carbapenem-resistant *Acinetobacter* spp. (CRA) and Carbapenem-resistant *Pseudomonas aeruginosa* (CR-PA), *Clostridium difficile*, Respiratory syncytial virus (RSV), Severe acute respiratory illness (SARI).

Visit Infectious Disease Reporting ([www.health.state.mn.us/diseasereport](http://www.health.state.mn.us/diseasereport))  
for information about all communicable diseases in Minnesota, including report forms for other diseases.



Minnesota Dept. of Health  
PO Box 64975, St. Paul, MN 55164-0975  
[www.health.state.mn.us](http://www.health.state.mn.us)

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