Kansas Notifiable Disease Form

Today's Date: 5/15/12

Patient's Name:
Last, First, Middle

Residential Address:

City Zip Code: County:

Day Phone: Evening Phone:

Ethnicity:

Race: (Check all that apply)
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Black/African American
- ☐ Unknown

Sex: Date of Birth: Age, If DOB is unknown:

Is Patient Pregnant? (Females Only):

Disease Name: Symptom Onset Date:

Physician Name: Physician Phone:

Please list the 3 most prominent symptoms:

Symptom 1: Symptom 3:

Symptom 2:

Outbreak Associated? Died? Hospitalized? Institutionalized?

Laboratory Information:

Specimen Collection Date: Date Reported to You:

Name of Test Performed: Results of Test:

Name of Laboratory: Laboratory Results Attached?

Treatment Information:

Date of Treatment:

Treatment Type & Dosage: Treatment Status:

Name of Person Reporting: Phone Number

Comments:

Mail or fax reports to your local health department and/or to:

KDHE Bureau of Epidemiology and Public Health Informatics, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274

Fax: 877-427-7318 (toll-free) Epidemiology Hotline: 877-427-7317

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