



## KANSAS REPORTABLE DISEASE FORM

Fax this form to your local health department or KDHE: 877-427-7318

**Please include disease-specific laboratory results, if available**

To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317

This form is available at: [http://www.kdheks.gov/epi/disease\\_reporting.html](http://www.kdheks.gov/epi/disease_reporting.html)

Today's date: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

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

Date of Birth (if unknown, provide age): \_\_\_\_\_

Race:  White  
 Black  
 Asian  
 American Indian / Alaska Native  
 Native Hawaiian / Pacific Islander

Ethnicity:  Hispanic  
 Non-Hispanic

Sex:  Male  
 Female → Pregnant?  Yes  
 No  
 Unknown

Associated with high-risk setting or institution?  Daycare  Health Care  Food Handler  School  
 Nursing Home  Correctional  Shelter  Other

Name and city of high-risk setting or institution: \_\_\_\_\_

### DISEASE OR CONDITION INFORMATION

Disease or condition suspected: \_\_\_\_\_

Symptom onset date: \_\_\_\_\_

Hospitalized?  Yes → Hospital: \_\_\_\_\_ Died?  Yes  
 No  No  
 Unknown

Laboratory name: \_\_\_\_\_ Specimen collection date: \_\_\_\_\_

Test(s) performed: \_\_\_\_\_ Test result(s): \_\_\_\_\_

### FACILITY AND PHYSICIAN INFORMATION

Facility name: \_\_\_\_\_ Facility city: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of person reporting: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TREATMENT INFORMATION

Treated?  Yes → Treatment type, dosage, start date, and duration: \_\_\_\_\_  
 No  
 Unknown