

**Colorado Department of Health
Communicable Disease Reporting Form
(Please Print)**

Patient Information	Name:		Phone Number:	
	Address:			
	City:	State:	Zip Code:	County:
	DOB:	Age:	Patient ID#:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
	Is Patient Pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Race: American Indian/Alaskan <input type="checkbox"/> Pacific/Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			
Ethnicity: Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>				
Physician Information	Name:		Phone Number:	
	Address:			
	City:	State:	Zip Code:	County:

Disease Reporting (Circle Source & Test)	Disease:		Collection Date:	
	Source: BL ST UR CSF Other:		Test: EIA O&P PCR DFA Other:	
	WNV IgM Index Value:		Test Result Date:	

For Hepatitis Cases (Check all that apply)	IgM anti-HAV	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	LFT's
				Total Billirubin:
	IgM anti-HBc	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	SGOT/AST:
	HBsAg	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	SGPT/ALT:
	anti-HBs (HBsAb)	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	Alk Phos:
	HBeAg:	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	
	anti-HBe (HbeAb)	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	
	HCV CIA	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	S/Co Ratio:
	HCV EIA	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	S/Co Ratio:
	HCV RIBA	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	
Symptoms: Abdominal Pain <input type="checkbox"/> Dark Urine <input type="checkbox"/> Fatigue <input type="checkbox"/> Jaundice <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Nausea <input type="checkbox"/>				

Reported By:	Agency:	
	Address:	
	Person Reporting:	Phone Number:

Mail Report Back to: Colorado Department of Public Health & Environment Fax to: 303-782-0338
 Communicable Disease DCEED/DSI/A3 2nd Fax: 303-691-7753
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

For questions in completing this form call: LaVelle Fernandez: 303-692-2627, Pat Acquaro: 303-692-2659, or Jennifer Jordan: 303-692-2626. For Hepatitis please contact Donna Cordova: 303-692-2616.