

REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health concern
Plague	Rubeola (measles)	

WEEK ENDING

REPORT ALL OTHER DISEASES BELOW.

See 507.3E2 for list of reportable infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DO B	SEX
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
___	Chickenpox			___	Gastroenteritis
___	Erythema infectiosum (5 th Disease)			___	Influenza-like illness (URI)