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Comments:

Practitioner Disease Report Form Complete the following information to notify the Florida Department of Health of a reportable disease or condition. This can be filled in electronically.



Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ)

Patient Information				Medical Info	mation			
				Medical Infor	mation			
SSN:				MRN:				
Last name:				Date onset:			Date diag	nosis:
First name:				Died:	\odot Yes	\bigcirc No	\bigcirc Unknown	
Middle:				Hospitalized:	\odot Yes	\bigcirc No	\odot Unknown	
Parent name:				_	Hospital nam	ne:		
Gender:	O Male	If female	e. O Yes	_	Date admitte	ed:	Date d	ischarged:
	O Female	pregnan	· _					
	O Unknown		O Unknown	Insurance:				
Birth date:		Death date	- .	Treated:	\odot Yes	\bigcirc No	\bigcirc Unknown	
	O American Indian		○ White	_	Specify			
Nace.	 American Indian/ Asian/Pacific isla 		O Other		treatment:			
	O Black		O Unknown					
Ethnicity:	O Hispanic			Laboratory	○ Yes			Attach laboratory
	○ Non-Hispanic			testing:			- 0	result(s) if available
	\bigcirc Unknown							
Address:				Provider Info	rmation			
ZIP:	Cour	nty:		Physician:				
City:			_	Address:				
Home phone:				City:			State	: ZIP:
Other phone:								
Emergency phone:								
Email:				Email:				
should be made using the Adult people <13 years old. Please co these conditions are reported to	HIV/AIDS Confidential Case Rep ontact your county health departm	port Form, CDC 50.42A (revised I nent for these forms (visit www.Fl ninistration in its inpatient discharg	March 2013) for cases in pe oridaHealth.gov/CHDEpiCo	FloridaHealth.gov/DiseaseReport sople ≥13 years old or the Pediatric ontact to obtain contact information Chapter 59E-7 FAC. Cancer notific	HIV/AIDS Confide	ential Case Re malies and ne	port, CDC 50.42B (rev conatal abstinence sy	ised March 2003) for cases in
Reportable Disea	ases and Condition	ons in Florida	Notify upor	n suspicion 24/7 by p	ohone	🟦 Notif	iy upon diagn	osis 24/7 by phone
Amebic encephalitis		Gonorrhea		Melioidosis			🖀 🖂 Staphy	lococcus aureus infection,
Anthrax		Granuloma inguinale		Meningitis, bacte	erial or mycotic			ediate or full resistance to hycin (VISA, VRSA)
Arsenic poisoning	Ţ	Haemophilus influenz	zae invasive	Meningococcal of			Strepto	coccus pneumoniae invasive
Arboviral diseases not	otherwise listed	disease in children <		•			diepaed	
Babesiosis	A	Hansen's disease (le	Drosv)	Mercury poisonir	ng		_	e in children <6 years old
Botulism, foodborne, v			p.0037	 Mercury poisonir Mumps 	ng		Syphilis	5
	vound, and 🛛 🕋	Hantavirus infection		☐ Mumps			Syphilis	s s in pregnant women and es
unspecified	vound, and	 Hantavirus infection Hemolytic uremic syn 		Mumps Mumps Paratyphoid feve	ish poisoning r (<i>Salmonella</i>		Syphilis	s s in pregnant women and es s
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 Botulism, infant Brucellosis 	vound, and 🛛 🕿	 Hantavirus infection Hemolytic uremic syn Hepatitis A Hepatitis B, C, D, E, a 	ndrome (HUS) and G	Mumps Mumps Paratyphoid feve	ish poisoning er (<i>Salmonella</i> phi A, Paratyp	ohi B,	Syphilis Syphilis neonate Tetanus Trichine Tuberc	s s in pregnant women and es s ellosis (trichinosis) ulosis (TB)
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