

For Office Use Only:

Epidemiologist: _____ County: _____ Onset Date: _____ Report Date: _____



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
HSR 1 Epidemiology and Surveillance

Notifiable Conditions Reporting Form

Version 01-23-14

Please **complete** all spaces as appropriate:

Notifiable Condition: _____

Patient Information

Patient Name: _____ D.O. B. _____ Age _____

Sex: _____ Race: _____ Ethnicity: Hispanic Not Hispanic

Address: _____

Street Address City State Zip County

Phone# _____ Alternate Phone# _____

Pregnancy Status: yes/no if yes, how many weeks: _____ Delivery Date: _____

Hepatitis ONLY: (Circle Type) HAV HBV HCV Acute Chronic Dx Date: _____
SGOT/AST: _____ Collection Date: _____ SGPT/ALT: _____ Collection Date: _____

Reporting Institute Information

Reported by: _____

Contact Person: _____ Phone # _____

Address: _____

Street Address City State Zip County

Lab Used: _____

Specimen Type: _____ Date of Collection: _____ Lab Report Date: _____

Patient Treatment Information

Reporting Physician: _____ Phone # _____

Date of Treatment: _____ Treatment Given: _____

Admitted? Y N If yes, admit date: _____ Discharge date: _____

Alternative Contact Information

Name: _____ Phone: _____ Relationship to Patient _____

Address: _____

Street Address City State Zip County

Please fax a copy of pertinent lab reports and this form for all notifiable conditions to:

Texas Department of State Health Services
Epidemiology and Surveillance
6302 Iola Avenue Lubbock, TX 79424
Telephone: (806) 783-6448 Facsimile: (806) 783-6466