

West Virginia Bureau for Public Health Confidential Reportable Disease Case Report

(Send completed card to the local health department. Keep a copy for your records.)

Please Print and Complete Each Question:

Disease Name:

Patient's Name (Last, First): Guardian/Parent's Name: (Last, First)	Date of Birth: Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Asian <input type="checkbox"/> Amer Indian/ Alask Native <input type="checkbox"/> Native Hawaiian/ Pacific Isl. <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ not Latino <input type="checkbox"/> Unknown
Address:	City:	State: Zip:	County	Phone:
Was patient hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate facility below _____		Did the patient die? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Death: _____ <input type="checkbox"/> Unknown		
Symptom Onset Date: _____	Laboratory tests, dates and results (culture, serology, etc.). Attach copies.		Laboratory Name: Phone _____	
Does patient work as a foodservice worker, healthcare worker, or childcare worker? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, indicate Establishment below Name _____ Address _____		Does patient attend daycare, preschool, or adult day care, or reside in a long-term care facility? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, indicate Facility below Name _____ Address _____		
Reporting Source: Name: _____ Facility: _____ Address: _____ Phone _____ Signature: _____ Date: _____		Provider with further patient information (if other than reporting source): Name: Phone _____	Indicate name of local health dept. reporting to: _____ <input type="checkbox"/> <i>Check here if more disease report cards are needed.</i>	
Comments/other pertinent information: 				