CONFIDENTIAL REPORT OF COMMUNICABLE DISEASES

State Form 43823 (R2 / 11-96)

THIS FORM CONTAINS **CONFIDENTIAL** INFORMATION PER 410 IAC 3.1-2-18.

DISEASE

Name (*last, first, m.i.*)

If child, name of parent (*last, first, m.i.*)

Address (*number and street*)

Telephone number ( )

City, ZIP code

County

Date of birth (*month, day, year*)

Age

(Not Required For STD's)
Check all that apply:
- ☐ Health Care Worker
- ☐ Food Service
- ☐ School (*student / staff*)
- ☐ Day Care (*attendee / staff*)

SEX	RACE	ETHNICITY
☐ Male	☐ White	☐ Hispanic
☐ Female	☐ Black	☐ Non-Hispanic
Pregnant?	☐ Unknown	☐ Unknown
☐ Yes ☐ No	☐ Other _____	
☐ Unknown	☐ Multi-Racial	

Name of school / day care?

Part of an outbreak? ☐ Yes ☐ No ☐ Unknown

Etiologic agent

Site of infection

Date of diagnosis (*month, day, year*)

Stage (*syphilis only*)

Symptoms associated with infection? ☐ Yes ☐ No ☐ Unknown

IF YES

(Not Required for STD's) Onset date (*month, day, year*)

Died? ☐ Yes ☐ No

Pertinent symptoms, signs:

Lab test(s) and result(s)

Date(s)

Treatment (*name of antibiotic*)

Dosage

Date initiated

Antibiotic resistance? ☐ Yes ☐ No ☐ NOT DONE

If Yes, what antibiotic?

Reporting Facility Code (*see other side for codes*)

If hospital, name of hospital

Name of physician and address

Record number

Person reporting (*other than physician*)

Telephone number ( )

Telephone number ( )

Date of report

Check here if you need more cards ☐

LOCAL HEALTH DEPARTMENT USE ONLY

Date received (*month, day, year*)

Follow-up initiated? ☐ Yes ☐ No

Name of investigator

DISTRIBUTION: White - Indiana Department of Health; Canary - Local Health Office; Pink - Reporter

REPORTING FACILITY CODE (Type of facility reporting the case to the local health department or State Department of Health)

	LETTER CODE		LETTER CODE
Private Medical Practice / HMO	PHY	Clinics:	
Hospital:		Prenatal	PRN
Outpatient	OUT	School / Student Health	SCH
Inpatient	INP	Reproductive Health (*Family Planning, Abortion*)	FAM
ER	ER	Adult / Adolescent Health Clinic	ADU
Lab (*Hospital, Private, or Other*)	LAB	STD Clinic	SO1 13
Mental Health Facility	MEN	Free Standing Facilities:	
Nursing Home	NUR	Ambulatory Surgery Center	ASC
Drug / Alcohol Rehab Center (free standing)	REH	Blood Bank / Plasma Center	BLO
Correctional Facility	COR	Other	OTH

For any questions or emergencies, call (317) 233-7665 8:15 AM 4:45 PM OR (317) 383-6144 ALL OTHER TIMES

Reportable Diseases (*for reporting requirements, see sections 6(b) and 6(c) found in code 410 IAC 2.1*)

Diseases reported on a DIFFERENT form
Acquired Immunodeficiency Syndrome
Animal Bites
Human Immunodeficiency Virus Infection
Tuberculosis, Cases and Reactors

Diseases reported on THIS form

Diseases to be reported immediately (*following probable diagnosis*)
Anthrax
Botulism (*foodborne*)
Cholera
Diphtheria
Haemophilus Infuenza Invasive Disease (*including meningitis*)
Measles (Rubeola)
Meningitis, Bacterial (*see Meningococcal and Haemophilus*)
Meningococcal Infections (*all*)
Plague
Q Fever
Rabies in Humans
Rubella (*German Measles*) ** see below for congenital syndrome
Shigellosis (*immediate reporting requested*)
Typhus, Epidemic (*louse borne*)

Disease to be reported within 72 hours
Amebiasis
Brucellosis
Campylobacter Enteritis
Chancroid
Chlamydial Infections
Cryptosporidiosis
Dengue Fever
Encephalitis, Acute, Infectious
Escherichia coli, Diarrhea Associated
Giardiasis
Gonorrhea
Granuloma Inguinale
Hepatitis, Viral (*A,B,Delta, Non A Non B, Unspecified*)
Herpes Neonatal
Histoplasmosis
Legionellosis
Leptospirosis
Listeriosis
Lymphogranuloma Venereum
Malaria
Meningitis, Aseptic (*Viral*)
Mumps
Ophthalmia Neonatorum
Pelvic Inflammatory Disease
Pertussis
Poliomyelitis
Psittacosis
Rocky Mountain Spotted Fever
Rubella Congenital Syndrome
Salmonellosis
Syphilis
Trichinosis
Tularemia
Typhoid Fever, Cases and Carriers
Typhus, Endemic (*flea borne*)
Yellow Fever
Yersiniosis

Diseases to be reported within 1 week
Botulism (*infant and wound*)
Human Bites
HIV Infection, Including AIDS
Lyme Disease
Tetanus
Toxic Shock Syndrome

Non communicable diseases which have public health significance
(*to be reported within 1 week*)
Angiosarcoma of the liver
Carcinoma of the Bladder
Coal Worker's Pneumoconiosis
Hepatitis, Chemically Induced
Kawasaki's Disease
Reye's Syndrome
Rheumatic Fever
Silicosis
Spinal Cord Injuries