

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)			
REPORT ALL OTHER DISEASES BELOW.		WEEK ENDING _____		
See 507.3E2 for list of reportable infectious diseases.				
DISEASE	PATIENT	COUNTY OR CITY	DOB	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 _____			
	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					

<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Gastroenteritis
<input type="checkbox"/>	Erythema infectiosum (5 th Disease)	<input type="checkbox"/>	Influenza-like illness (URI)