



ADAMS COUNTY HEALTH DEPARTMENT

Your Health. Our Mission.

DISEASE REPORT FORM FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

Case information

DATE: _____

Reported by: _____ Organization: _____

Case's Name: _____ Parent's Name: _____

Age: _____ Date of Birth: _____ Gender: () Male () Female () Other _____

Primary phone(s): _____ Secondary phone(s): _____

Address: _____ City: _____ Zip: _____

County of Residence: () Adams () Arapahoe () Douglas

If another county, please specify: _____ School/Employer: _____

Medical information

Disease: _____ Onset date: _____ Specimen type: _____

Specimen collection date: _____ Lab tests performed: _____

Lab confirmed: () Yes () No Name of lab: _____

Other relevant medical/Rx/immunization info: _____

Health care provider information

Health care provider name: _____ Phone: _____

Clinic name: _____

Address: _____ City: _____ Zip: _____

For your convenience, you may report diseases by phone Monday through Friday, 8:00 A.M. to 5:00 P.M. at (303) 220-9200 or you may complete this form and fax it 24 hours a day to (303) 846-6295.

For after hour and weekend emergencies:

Contact the Adams County Health Department at (303) 461-2342 or the Colorado Department of Public Health and Environment at (303) 370-9395.

For Internal Use:

Date Report Received: _____ Received By: _____