



### Notifiable Condition Reporting Form For Healthcare Providers

Notifiable Condition: _____	Today's Date: ___/___/___ Date of Diagnosis: ___/___/___
Patient Name: _____ Date of Birth: ___/___/___ <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>Zip</span> </div>	
Phone: Home (_____) _____ Cell: (_____) _____	
<b>Please Complete All Information Below and          FAX to JCPH @ 360-385-3878</b>	
<b>Additional Client Information Needed for Case Report:</b> Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other Race: _____	
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Occupation or School & Grade: _____	
Name of Parent/Caregiver if patient is under 18: _____	
Onset date of symptoms: ___/___/___	Date seen in office: ___/___/___
ER visit date: ___/___/___	Date of hospital admission: ___/___/___
Lab test and results: (FAX copy to (360) 385-3878)	Attending Health Care Provider: (Please PRINT Name)
Symptoms:	
<b>Treatment:</b> Medication(s)/dosage _____ Date of treatment: ___/___/___	
Possible exposures, including recent travel:	
Other pertinent information, including predisposing conditions:	

\_\_\_\_\_  
 Name of person completing form (please print)                      Signature                      Phone

When possible, please let your patient know that their condition is reportable to the Health Department and that a public health nurse will be contacting them to gather additional information about their illness. Informing your patient about the importance of this reporting process will help us to assess possible exposures and recommend specific steps to take to prevent disease transmission. We appreciate your help.

**PLEASE FAX THIS FORM TO: (360) 385-3878. Questions: (360) 385-9400 THANK YOU!**