Boulder County Public Health

Disease Report Form

PATIENT INFORMATION

Patient Name (Last, First)	Date of Birth	Gender ☐ Male ☐ Female	Patient ID#: (CEDRS, MRN)
Did the patient die? ☐ Yes ☐ No If Yes, Death Date (mm/dd/yy):	**Occupation**	**Home Phone**	**Work/Cell Phone/Other**

Race *(select all that apply)*	**Ethnicity**
☐ Amer. Ind./Alask.Nat. ☐ Asian ☐ Black ☐ Unknown ☐ Pacific Islander/Hawaiian ☐ White ☐ Other_____	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Home Address: Street	City	Zip Code	County

REPORTING

Name and Title of Person Completing Form	Phone Number of Person Completing Form	Report Date

Name of Organization Reporting	Type of Organization ☐ Hospital ☐ Healthcare Provider ☐ Laboratory ☐ School ☐ Preschool / Childcare ☐ Health Department ☐ Other

DISEASE INFORMATION

*(If **24-hour-reportable disease** or condition of concern, **immediately call 303-413-7500**)*

Disease or Condition	**Onset Date** (mm/dd/yyyy)	**Date of Diagnosis** (mm/dd/yyyy)

Description of Symptoms

HEALTHCARE

Healthcare Provider Name	Healthcare Provider Phone Number
Hospitalized ☐ Yes ☐ No ☐ Unknown If Yes, Date of Admission (mm/dd/yy):	**Hospital Name** *(if applicable)*

LAB INFORMATION AND RESULTS

Collection Date	Result/Findings:	Source of Specimen
Name of Reporting Lab		Test Type

OTHER INFORMATION

Comments (e.g., Risk situation [food handling, day care, school, skilled nursing/assisted living facility], Treatment [including dates], Immunization status [including dates], Exposure, Outbreak-associated, etc.)

Fax Report to 303-413-7526

Questions: 303-413-7500 (After Hours: 303-413-7517)

For more information about reportable diseases visit

www.BoulderCountyHealth.org