



Boulder County Public Health

Disease Report

CHILD'S INFORMATION

Form with fields: Child Name (Last, First), Date of Birth, Gender (Male/Female), Grade (If in school), Parent/Guardian Name, Home Phone, Work Phone, Cell Phone/Other, Race (select all that apply), Ethnicity, Home Address: Street, City, Zip Code, County.

REPORTING

Form with fields: Name and Title of Person Completing Form, Phone Number of Person Completing Form, Report Date, Name of Organization Reporting, Type of Organization (Employer, Health Department, Laboratory, School, Preschool/Childcare, Healthcare Provider, Other).

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

Form with fields: Disease or Condition, Symptom Start Date (mm/dd/yyyy), First Date Child Absent Due to Illness.

Form with fields: Complete if reporting vaccine-preventable disease, Is student immunized?, Diagnosed by, Does anyone else (children or staff) in the school/childcare have symptoms?

HEALTHCARE

Form with fields: Healthcare Provider Name, Healthcare Provider Phone Number, Hospitalized, Hospital Name (if applicable).

LAB TESTING (if known)

Form with fields: Collection Date, Result, Specimen, Name of Reporting Lab, Test type.

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