GEORGIA NOTIFIABLE DISEASE/CONDITION REPORT FORM

REPORT CASES BY MAIL, FAX OR PHONE TO DISTRICT HEALTH OFFICE

Patient's Name Date of Bath	Disease/Condition		C	OR TO SENDSS	(http://s	endss.state.ga.us Medical Reco				
Patient's Name Last Name Patient's Address Sired City Siste Zgr4 County Chier Prone City Siste County Chier Prone City Siste County Chier Prone City County Chier Prone Patient's Horse Phone Patient's Work Phone Patient's Chier Prone City County Chier Prone Chi	PATIENT DEMO	GRAPHICS							Age	Age Type
Patient's Address Race			First Name	MI			Ethnicity Hispanic Non-Hispan		Male	Mos Weeks
Silvest	Dationt's Address						☐ Unknown		Unknown	·
BlackAfrican-American Pacific Islander Other City State Zgr4 County Multiroctial Other Alaska Native Other Phone CLINICAL INFORMATION Outpatient O	Patient's Addres	SS					Race			
Patient's Hone Phone	Street						Black/Africa		cific Islander	Hawaiian or
Patient's Home Phone Patient's Work Phone Patient's Other Phone	City	State	Zip+4	1		County		ive		wn
CLINICAL INFORMATION Illness Orset Date	((,	\	Iviululaciai		wrinte	
CLINICAL INFORMATION Illness Orset Date	() Patient's Home Phone	Pati	() ent's Work Phone		(Patier) nt's Other Phone				
Illness Oriset Date	. 320	T du								
If hospitalized, complete: Hospital Name Admit Date Discharge Date	Illness Or	nset Date	Г	OLIMIC				Dieda	Y N	
LABORATORY INFORMATION *Report Hepatitis information in Viral Hepatitis has below	/	/			-					
Specimen Collection Date Test Name Specimen Type (ex. Yei, liter, FA, IGM, EIA) (ex. Yei, liter, FP, IGM, EIA) Species / Serotype Lab Name ADDITIONAL INFORMATION Yes No UNK Test Results Presumptive Pregnant Nursing Home or other Chronic Care Facility Child in Daycare Daycare Worker Daycare Worker Hepatitis A Total anti-HAV Daycare Daycare Worker D	If hospitalized, comp	olete:	Hospital Na	ame				Admit Date	D	ischarge Date
Specimen Collection Date Test Name Specimen Type (ex. Yei, liter, FA, IGM, EIA) (ex. Yei, liter, FP, IGM, EIA) Species / Serotype Lab Name ADDITIONAL INFORMATION Yes No UNK Test Results Presumptive Pregnant Nursing Home or other Chronic Care Facility Child in Daycare Daycare Worker Daycare Worker Hepatitis A Total anti-HAV Daycare Daycare Worker D										
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Collection Date (ex. Culture, IFA, IGM, EIA) (ex. Stool, Blood, CSF) EIA) Presumptive Pre			-	LABORAT	TORY	INFORMATIO	N *Report Hepati	itis information in	Viral Hepatitis	box below
Pregnant Nursing Home or other Chronic Care Facility Child In Daycare Daycare Worker Prisoner/Detainee Food Handler Health Care Worker Outbreak Related Travel in Last 4 Weeks REPORTER INFORMATION Report Date Reporter Name Reporter Phone Reporter Institution Physician Phone Physician Phone Prisoner/Detaine Rore Results Pos Neg UNK Total anti-HAV		(ex. Culture, IFA, IGM,		od, CSF) (ex	+/-, titer,	Species / Ser	otype		Lab Name	
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Physician Name Physician Phone () Additional form completed	Report Date Reporter Name Reporter Phone	()						State Use O	inly.	
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Additional form completed	Physician Name				- 1					
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