



Code No. 507.3E3

REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health
		concern

Plague Rubeola (measles)

REPORT ALL OTHER DISEASES BELOW.

WEEK  
ENDING

See other side for list of reportable infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			
	Address			
	Attending Physician			
	Name Parent (If applicable)			

	Address			
	Attending Physician			

Reporting Physician, Hospital, or Other Authorized Person

Address \_\_\_\_\_

Remarks: \_\_\_\_\_

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
_____ Chickenpox _____ Gastroenteritis _____ Erythema infectiosum (5 <sup>th</sup> Disease _____ Influenza-like illness _____ Illness (URI)					