



CONFIDENTIAL REPORT OF COMMUNICABLE DISEASES

State Form 43823 (R2 / 11-96)

THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 IAC 3.1-2-18.

DISEASE

Name (last, first, m.i.)			
If child, name of parent (last, first, m.i.)			
Address (number and street)		Telephone number ()	
City, ZIP code		(Not Required For STD's) Check all that apply: <input type="checkbox"/> Health Care Worker <input type="checkbox"/> Food Service <input type="checkbox"/> School (student / staff) <input type="checkbox"/> Day Care (attende / staff)	
County			
Date of birth (month, day, year)	Age		
SEX	RACE	ETHNICITY	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Multi-Racial	Name of school / day care? Part of an outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Etiologic agent		Site of infection	
Date of diagnosis (month, day, year)		Stage (syphilis only)	
Symptoms associated with infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
IF YES	(Not Required for STD's) Onset date (month, day, year)	Died? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pertinent symptoms, signs:		
Lab test(s) and result(s)		Date(s)	
Treatment (name of antibiotic)		Dosage	Date initiated
Antibiotic resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOT DONE		If Yes, what antibiotic?	

Reporting Facility Code (see other side for codes)	If hospital, name of hospital
Name of physician and address	Record number
	Person reporting (other than physician)
Telephone number ()	Telephone number ()
Date of report	Check here if you need more cards <input type="checkbox"/>

LOCAL HEALTH DEPARTMENT USE ONLY	
Date received (month, day, year)	Follow-up initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of investigator	

REPORTING FACILITY CODE	(Type of facility reporting the case to the local health department or State Department of Health)	
	LETTER CODE	LETTER CODE
Private Medical Practice / HMO	PHY	Clinics:
Hospital:		Prenatal PRN
Outpatient	OUT	School / Student Health SCH
Inpatient	INP	Reproductive Health
ER	ER	(Family Planning, Abortion) FAM
Lab (Hospital, Private, or Other)	LAB	Adult / Adolescent Health Clinic ADU
Mental Health Facility	MEN	STD Clinic SO1 13
Nursing Home	NUR	Free Standing Facilities:
Drug / Alcohol Rehab Center (free standing)	REH	Ambulatory Surgery Center ASC
Correctional Facility -	COR	Blood Bank / Plasma Center BLO
		Other OTH
For any questions or emergencies, call (317) 233-7665 8:15 AM 4:45 PM OR (317) 383-6144 ALL OTHER TIMES		

Reportable Diseases (for reporting requirements, see sections 6(b) and 6(c) found in code 410 IAC 2.1)	Legionellosis
	Leptospirosis
	Listeriosis
Diseases reported on a DIFFERENT form	Lymphogranuloma Venereum
Acquired Immunodeficiency Syndrome	Malaria
Animal Bites	Meningitis, Aseptic (Viral)
Human Immunodeficiency Virus Infection	Mumps
Tuberculosis, Cases and Reactors	Ophthalmia Neonatorum
	Pelvic Inflammatory Disease
Diseases reported on THIS form	Pertussis
	Poliomyelitis
Diseases to be reported immediately (following probable diagnosis)	Psittacosis
Anthrax	Rocky Mountain Spotted Fever
Botulism (foodborne)	Rubella Congenital Syndrome
Cholera	Salmonellosis
Diphtheria	Syphilis
Haemophilus Influenza Invasive Disease (including meningitis)	Trichinosis
Measles (Rubeola)	Tularemia
Meningitis, Bacterial (see Meningococcal and Haemophilus)	Typhoid Fever, Cases and Carriers
Meningococcal Infections (all)	Typhus, Endemic (flea borne)
Plague	Yellow Fever
Q Fever	Yersiniosis
Rabies in Humans	
Rubella (German Measles) ** see below for congenital syndrome	Diseases to be reported within 1 week
Shigellosis (immediate reporting requested)	Botulism (infant and wound)
Typhus, Epidemic (louse borne)	Human Bites
	HIV Infection, Including AIDS
	Lyme Disease
	Tetanus
	Toxic Shock Syndrome
Disease to be reported within 72 hours	Non communicable diseases which have public health significance (to be reported within 1 week)
Amebiasis	Angiosarcoma of the liver
Brucellosis	Carcinoma of the Bladder
Campylobacter Enteritis	Coal Worker's Pneumoconiosis
Chancroid	Hepatitis, Chemically Induced
Chlamydial Infections	Kawasaki's Disease
Cryptosporidiosis	Reye's Syndrome
Dengue Fever	Rheumatic Fever
Encephalitis, Acute, Infectious	Silicosis
Escherichia coli, Diarrhea Associated	Spinal Cord Injuries
Giardiasis	
Gonorrhea	
Granuloma Inguinale	
Hepatitis, Viral (A,B,Delta, Non A Non B, Unspecified)	
Herpes Neonatal	
Histoplasmosis	