

**Notifiable Disease Case Report**  
(Confidential)

**Philadelphia Department of Public Health**  
**Division of Disease Control**

Communicable Disease Control Program  
500 S. Broad Street, Philadelphia, PA. 19146



**Identification of Patient**

Report Date (Mo., Day, Yr.)		Name (Last, First, M.I.)		Parent or caretaker (if applicable)	
Address (Number, Street, Apt #, City, Zip Code)				Telephone (H) _____	
				(W) _____	
				(C) _____	
DOB (Mo., Day, Yr.)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Occupation		
Name of Employer or School			Address ( Number, Street, City, Zip Code)		

**Medical Information**

Disease or Condition	Date of Onset (Mo., Day, Yr.)		Diagnosis (check one)	Fatal (check one)
	(If animal bite, Date it Occurred)			
			<input type="checkbox"/> Clinical	<input type="checkbox"/> Yes
			<input type="checkbox"/> Lab confirmed	<input type="checkbox"/> No
Chief Symptoms / Complaints			Suspected source of Infection (if known)	
If Case Hospitalized (Name of Hospital)			Admission Date	Discharge Date

**Laboratory Information If Pertinent (Attach Copies If Applicable)**

Name of Tests Done	Site/Source	Results	Dates Done

**Animal Exposures**

Parts of Body Bitten	Type of Animal	Breed of Animal	Current Location Of Animal (Indicate if available for testing)
Name of Owner		Address of Owner (Number, Street, Apt #, City, Zip Code)	

**Reporter Information**

Name of Person Reporting Case	Reporter <input type="checkbox"/> ICP <input type="checkbox"/> ED <input type="checkbox"/> Other _____	Phone
Reporting Institution	Address (Number, Street, City, Zip Code)	

**DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE**

Name (Person Receiving Report)	Method of reporting <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Other _____

**Any unusual illness, disease clusters or possible outbreaks should be reported by *immediately* by telephone.  
Please fax all completed reports to 215-545-8362, or call 215-685-6748 to report case by phone.**