

**TRI-COUNTY HEALTH DEPARTMENT  
REPORTABLE DISEASE NOTIFICATION FORM  
FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS**

**Case Information**

**Case's Name:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** ( ) Male ( ) Female **Race:** \_\_\_\_\_  
**Home Phone(s):** \_\_\_\_\_ **Work Phone(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**County of Residence:** ( ) Adams ( ) Arapahoe ( ) Douglas  
**If another county, please specify:** \_\_\_\_\_ **School/Employer:** \_\_\_\_\_

**Medical Information**

**Disease:** \_\_\_\_\_ **Onset Date:** \_\_\_\_\_ **Specimen:** \_\_\_\_\_  
**Specimen Collect Date:** \_\_\_\_\_ **Lab Tests Performed:** \_\_\_\_\_  
**Lab Confirmed:** ( ) Yes ( ) No **Name of Lab Used:** \_\_\_\_\_  
**Other Relevant Medical/Rx/Immunization Info:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Information**

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_  
**Doctor's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Report Submitted By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_ **Date Reported:** \_\_\_\_\_

**For your convenience, you may report diseases by phone Monday through Friday, 8:00 A.M. to 5:00 P.M. at (303) 220-9200 or you may complete this form and fax it 24 hours a day to (303) 220-9208.**

**For after hour and weekend emergencies:**

**Contact the Tri-County Health Department at (303) 461-2342  
or the Colorado Department of Public Health and Environment at (303) 370-9395**

**For Internal Use:**

**Date Report Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

