GEORGIA NOTIFIABLE DISEASE/CONDITION REPORT FORM

REPORT CASES BY MAIL, FAX OR PHONE TO DISTRICT HEALTH OFFICE
OR TO SENDSS (http://sendss.state.ga.us)

Disease/Condition _____ **Medical Record Number** _____

PATIENT DEMOGRAPHICS

Patient's Name

Last Name | First Name | MI

Patient's Address

Street

City | State | Zip+4 | County

( ) Patient's Home Phone ( ) Patient's Work Phone ( ) Patient's Other Phone

Date of Birth / /

Age _____

Age Type
- ☐ Yrs
- ☐ Mos
- ☐ Weeks
- ☐ Days
- ☐ Unk

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

Sex
- ☐ Male
- ☐ Female
- ☐ Unknown

Race
- ☐ Asian
- ☐ Black/African-American
- ☐ Native American or Alaska Native
- ☐ Multiracial
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other
- ☐ Unknown
- ☐ White

CLINICAL INFORMATION

Illness Onset Date / /

	Y	N	UNK		Y	N	UNK
Hospitalized	☐	☐	☐	Outpatient	☐	☐	☐
Emergency Rm	☐	☐	☐				

Died? ☐ N ☐ Y ☐ UNK
Date of Death: / /

If hospitalized, complete:

Hospital Name	Admit Date	Discharge Date

LABORATORY INFORMATION

**Report Hepatitis information in Viral Hepatitis box below*

Specimen Collection Date	Test Name (ex. Culture, IFA, IGM, EIA)	Specimen Type (ex. Stool, Blood, CSF)	Result (ex. +/-, titer, Presumptive)	Species / Serotype	Lab Name

ADDITIONAL INFORMATION

	Yes	No	UNK
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	☐	☐	☐

*VIRAL HEPATITIS Test Results

Date of test(s) _____

		Pos	Neg	UNK
Hepatitis A	Total anti-HAV	☐	☐	☐
	IgM anti-HAV	☐	☐	☐
Hepatitis B	HBsAg	☐	☐	☐
	Total anti-HBc	☐	☐	☐
	IgM anti-HBc	☐	☐	☐
Hepatitis C	anti-HCV (EIA)	☐	☐	☐
	anti-HCV signal to cut-off ratio	_____		
	RIBA	☐	☐	☐
	HCV RNA (PCR, bDNA)	☐	☐	☐
All	ALT(SGPT) _____ AST (SGOT) _____			

REPORTER INFORMATION

Report Date / /

Reporter Name _____

Reporter Phone ( ) _____

Reporter Institution _____

Physician Name _____

Physician Phone ( ) _____

☐ Need More 3095 Forms

☐ Entered into SENDSS

Comments/Symptoms/Treatment:

Local Use Only

☐ Additional form completed

Name: _____

State Use Only