



Notifiable Condition Report Form

PLEASE PRINT CLEARLY. Use other forms to report STDs – see the San Juan County [Reporting Notifiable Conditions](#) page. Please submit all completed forms to our **confidential fax (360) 378-7036** or via encrypted email to communicabledisease@sanjuancountywa.gov. You may also call **360-378-4474** to speak with the CD Nurse of the Day or Manager On-Call for additional reporting and/or assistance.

Patient Information		Reporting Person Information	
Patient name <i>last, first, middle initial</i>		Today's date <i>mm/dd/yyyy</i>	
Date of Birth <i>mm/dd/yyyy</i>	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex	Reporting Person <i>name and title</i>	
Address		Agency/Practice Name	
City	Zip	Direct Phone Number	
Phone <i>preferred</i>	Phone <i>other</i>	Send <input type="checkbox"/> Lab report with this form, including positive and negative results <input type="checkbox"/> Immunization information, if relevant <input type="checkbox"/> Progress Notes for visits pertaining to the reported condition	
Email			
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other		

Condition Information	
Condition/Disease	Chief Symptoms/Complaints
Employer/School/Childcare	Possible infection source <input type="checkbox"/> Travel <input type="checkbox"/> Person <input type="checkbox"/> Drinking Water <input type="checkbox"/> Environment <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Recreational Water <input type="checkbox"/> Unknown
Comments	

If you suspect or confirm any of the following, immediately call (360) 378-4474 to speak with a CD Nurse or Manager.

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| <ul style="list-style-type: none"> Animal bite (suspected human rabies exposure) Anthrax Botulism (foodborne, wound, infant) <i>Burkholderia mallei</i> (glanders) and <i>pseudomallei</i> (melioidosis) Cholera Diphtheria Disease of suspected bioterrorism origin Domoic acid poisoning (amnesic shellfish poisoning) | <ul style="list-style-type: none"> <i>E. coli</i> (Shiga toxin-producing infections including but not limited to <i>E. coli</i> O157:H7) Emerging condition with outbreak potential Haemophilus influenzae (invasive disease) (children under 5 yrs old) Hemolytic uremic syndrome Influenza (novel or unsubtypable strain) Measles (rubeola) (acute) Meningococcal disease (invasive) Monkeypox | <ul style="list-style-type: none"> Outbreak (suspected foodborne or waterborne origin) Paralytic shellfish poisoning Pesticide poisoning (hospitalized, fatal, cluster) – Call (800) 222-1222 Plague Poliomyelitis Rabies (confirmed human or animal) (suspected human exposure) Rubella (including congenital rubella syndrome) (acute) SARS (severe acute respiratory syndrome) | <ul style="list-style-type: none"> Shiga toxin-producing <i>E. coli</i> infections (including but not limited to <i>E. coli</i> O157:H7) (including post-diarrheal hemolytic uremic syndrome) Smallpox Tuberculosis Tularemia Vaccinia Transmission Viral hemorrhagic fever (e.g. Marburg, Ebola) Yellow Fever |
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