



**Seminole County Health Department  
Report of Communicable Disease Form**

Send Laboratory Report and This Form to:  
**Seminole County Health Department  
Epidemiology  
400 West Airport Blvd.  
Sanford, FL 32773  
Phone: (407) 665-3294 or (407) 665-3018  
Fax: (407) 665-3214**

**Chapter 381.0031(1,2), Florida Statute**

“Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnose or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.”

**Patient Information**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** M F  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Disease Information**

**Reportable Disease:** \_\_\_\_\_  
**Onset of symptoms:** \_\_\_\_\_ **Symptoms:** \_\_\_\_\_  
**Hospitalized:**  Yes  No  Unknown \_\_\_\_\_  
**Pregnant:**  Yes  No  Unknown \_\_\_\_\_  
**Treatment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Laboratory Information**

**Specific lab test (s) performed:** \_\_\_\_\_  
**Date (s) performed:** \_\_\_\_\_ **Where performed:** \_\_\_\_\_  
**Results:** \_\_\_\_\_ **Pt. notified of results:**  Yes  No  
\_\_\_\_\_ **Culture source:** \_\_\_\_\_

**Facility Information**

**Physician/Provider:** \_\_\_\_\_ **Reporting Facility:** \_\_\_\_\_  
**Reporting Staff Member:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_  
**Address of Reporting Facility:** \_\_\_\_\_  
**Reported by:**  Fax  Phone  Mail **Consent to contact Pt:**  Yes  No