This form may be faxed to the Chattanooga-Hamilton County Health Department (CHCHD): STD/HIV - (423) 209-8259, TB - (423) 209-8031, All Other Diseases - (423) 209-8191 or completed online at https://is.gd/TNReportableDiseases. For questions, contact CHCHD Epidemiology Department at (423) 209-8190. For more specific details, refer to the TDH Reportable Diseases website at https://apps.health.tn.gov/ReportableDiseases.

Directions for Providers:

- All of the information on this form is required to report, if available. Public Health will follow-up with the reporter for the patient demographics and lab report, if missing.
- The provider information, patient demographics, and clinical information may be provided on this form, or attached (e.g., patient cover sheet, notifiable diseases report, relevant medical records).
- Provide the contact information for the provider for Public Health follow-up. If the primary place of work for the provider is a private practice, provide the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- Provide the county of the provider facility or practice to aid in assignment of the case to a public health jurisdiction.
- *If patient's "Date of Birth" is unavailable, report the patient's age in years. If the patient is < 1 year of age, please mark the box for "Months." If the patient is < 1 month of age, please list "0" and mark the box for "Months."
- Patient address is used to assign public health jurisdiction for the investigation.
- [H] Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.
- [T] Reportable tickborne diseases such as Ehrlichiosis/Anaplasmosis, Spotted Fever Rickettsiosis, and Lyme Disease.
- For a positive interferon-gamma release assay (IGRA) for (latent) Tuberculosis Infection (TBI), attach a copy of the lab result to this form. For a positive tuberculin skin test (TST) for any child or adolescent < 18 years of age, document the TST result in millimeters (mm) of induration in the "Comments" field at right; fax this form directly to the Tennessee Tuberculosis Elimination Program: (615) 253-1370.

Directions for Laboratories:

- Laboratories should report to Public Health via electronic laboratory reporting (ELR) or a printed laboratory report, rather than by completing this form, unless provider information or patient demographics are missing in the lab report. Then, complete this form only for the missing information and attach the lab report.
- Laboratories are not required to report information in the Clinical Information section.
- The information required (if available) for printed lab reports includes:
  (1) Patient demographics (shown on the right, including address)
  (2) Ordering provider and facility name, phone number, address
  (3) Performing laboratory name, phone number, and address
  (4) Reporting facility name, phone number, address
  (5) Date of the laboratory report
  (6) Test performed (may differ from the test ordered)
  (7) Accession number
  (8) Specimen and collection date
  (9) Result (quantitative and qualitative), interpretation, and reference range
- See the Reportable Diseases website for the ELR requirements.

Report

Disease/Event: | **Date of Report:** ___/____/_____

Reporter Name: | **Phone:** ( )

Lab Report: ☐ Attached ☐ Not Tested ☐ Report Unavailable

Provider

Provider Name:

Primary Facility/Practice:

Phone: ( ) | **Fax:** ( ) | **County:**

Patient Demographics

Patient Name:

Date of Birth: ____/____/_____ (mm/dd/yyyy)
***Age:** _____ ☐ Months

Sex:
☐ Male
☐ Female
☐ Unknown

Ethnicity:
☐ Hispanic
☐ Not Hispanic
☐ Unknown

Race:
☐ American Indian/ Alaska Native
☐ Asian
☐ Black/ African American
☐ Hawaiian/ Other Pacific Islander
☐ White
☐ Unknown

Street Address:

City: | **State:**

County: | **Zip Code:**

Phone: ( ) | **Phone:** ( )

Clinical Information

Illness Onset Date: ____/____/_____ | **Hospitalized?** ☐ Yes ☐ No ☐ Unknown

Hospital Name:

Admission Date: ____/____/_____ | **Discharge Date:** ____/____/_____

Pregnant? ☐ Yes ☐ No ☐ Unknown | **Died?** ☐ Yes ☐ No ☐ Unknown

Symptoms?[H] hepatitis cases only ☐ Yes ☐ No ☐ Unknown

Fever?[T] tickborne diseases only ☐ Yes ☐ No ☐ Unknown

STD Treatment: Date: ____/____/_____
Medications:

Comments:

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02).