

Tennessee Department of Health Notifiable Disease Report - Chattanooga-Hamilton County Health Department
 STD/HIV (423) 209-8250 Fax (423) 209-8259 TB (423) 209-8030 All Other (423) 209-8190 Fax (423) 209-8191

Disease	Onset date	Patient Information/Physician/Hospital Information	DOB	Sex	Age	Race/Ethnicity
	___/___/___	Patient Name: _____	___/___/___			
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Adm: ___/___/___ Disch: ___/___/___ Date of Death ___/___/___ ^{Died?} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown STD Treatment: _____ Date of treatment: _____	Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ County: _____ Physician/Hospital: _____ Phone: () _____	<u>Laboratory Information:</u> Test: _____ Collection Date: ___/___/___ Specimen type: _____ Result: _____				

Date of Report: ___/___/___ Person Reporting/Title: _____ Phone: () _____
 PH-1600 (Rev. 06/04) Influenza/Flu-like illness: (weekly - number of cases only) _____ RDA-2094

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