

Florida Department of Health Seminole County  
Report of Communicable Disease Form



**Send Laboratory Report and This Form to:**

Florida Dept. of Health in Seminole County  
Epidemiology/ Hepatitis  
400 West Airport Blvd.  
Sanford, FL 32773- Fax # 407-665-3214  
Epidemiology (407) 665-3294 or 665-3018  
Hepatitis-407-665-3019 or 665-3379

**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.”

*Please, it is important to fill out all fields for reporting*

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_  
Ethnicity: Hispanic Non Hispanic Unknown

**Disease Information**

Reportable Disease: \_\_\_\_\_  
Onset of Symptoms: \_\_\_\_\_ Symptoms: \_\_\_\_\_  
Hospitalized:  Yes  No  Unknown \_\_\_\_\_  
Pregnant:  Yes  No  Unknown \_\_\_\_\_

**Laboratory Information**

**PLEASE FAX A COPY OF THE LAB RESULT**

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