



STD Surveillance

Orange, Osceola,
Brevard, Seminole
Counties

Rodney Jones

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FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

"Protecting Your Health...It's what we do"

Gender:	FEMALE	/	MALE
Pregnant?	YES	/	NO
Pregnancy EDD	_____		

Patient Name:	_____
DOB:	_____ SSN: _____
Address:	_____
Phone:	_____
Email:	_____
Please print legibly OR use a label.	

RACE: WHITE BLACK OTHER AM INDIAN/ALASKAN ASIAN/PAC ISLANDER

ETHNICITY: Hispanic / Non-Hispanic

Provider Name: _____ Phone: _____

Address: _____

CASES OF SYPHILIS MUST BE REPORTED TO DOH STD WITH TREATMENT BY THE NEXT BUSINESS DAY

SYPHILIS		
Reason for visit:	Symptoms:	Previous history of syphilis infection? YES NO Previous titer (if known): 1: _____ Date of last negative RPR: _____
Collection date	Symptom onset date:	# of sexual partners (within past year):
Reporting laboratory	Sexual orientation:	
<u>Confirmatory tests</u> ___ TP-PA positive ___ FTA-ABS positive ___ IgG-EIA positive ___ MHA-TP ___ TP-AB positive <u>Diagnosis</u> ___ Primary ___ Secondary ___ Early Latent (< 1 yr) ___ Late Latent ___ Tertiary ___ Congenital	<u>Treatment dates:</u> 2.4 BIC #1 _____ 2.4 BIC #2 _____ 2.4 BIC #3 _____ ___ Doxycycline 100 BID x 14 days Date _____ ___ Doxycycline 100 QID x 28 days Date _____ <u>IF PREGNANT</u> Was sex partner(s) treated? YES / NO If NO, was sex partner(s) referred to the Health Department? YES / NO	<u>Sexual Partner(s) information (if known/given):</u> _____ _____ _____

REPORTING: STD

832 W. Central Blvd.
Orlando, FL 32805

Fax 407 845-6134

HIV

Denisia Vanterpool
407-723-5065
Fax: 407-858-5985

EPI

Alvina Chu
407-858-1432
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VISIT OUR WEBSITE FOR AN ELECTRONIC COPY OF OUR REPORTING FORM
<http://orange.floridahealth.gov>

Please provide a copy of patient test results when sending this report.