FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

Seminole County STD Surveillance: Tyjuana Kennell - 407-665-3388 (Phone) - 407-845-6061(Fax)

Please print legibly or use a label.

Patient Name: ______________________________ DOB: _______________ SSN: ____________________

Address: __________________________________ Phone: ____

Email: ____

Gender: ☐ Female ☐ Male Pregnant? ☐ Yes ☐ No Pregnancy EDD____________

Race: ☐ White ☐ Black ☐ Other ☐ American Indian/Alaskan ☐Asian/Pacific Islander

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Provider Name: __________________________________ Phone: __________________________________

Address: ____

THESE DISEASES MUST BE REPORTED TO DOH STD WITH TREATMENT INFORMATION BY THE NEXT BUSINESS DAY

CHLAMYDIA	GONORRHEA	OTHER
___ Uncomplicated ___ Ophthalmia ___ Pelvic Inflammatory Disease (PID) ___ Pneumonia	___ Uncomplicated ___ Disseminated Gonococcal ___ Ophthalmia ___ Oral/Pharyngeal ___ Other resistant strain ___ Pelvic Inflammatory Disease ___ Penicillinase-Producing Neisseria Gonorrhea (PPNG) ___ Rectal	___ Cancroid ___ Granuloma Inguinal ___ Herpes Simplex* ___ Human Papillomavirus** ___ Lymphogranuloma Venereal ___ Other (specify)
Collection date	Collection date	Collection date
Reporting laboratory	Reporting laboratory	Reporting laboratory
Treatment date ________________ **✶ CDC Recommended Regimen** ___ Azithromycin 1 gm✶ ___ Doxycycline 100 mg BID x 7 days✶ ___ Levofloxacin 500 mg x 7 days ___ Ofloxacin 300 mg BID x 7 days ___ Amoxicillin 500 mg TID x 7 days ___ Erythromycin base 500 QID x 7 days **IF PREGNANT** ___ Azithromycin 1 gm✶ ___ Erythromycin base 500 QID x 7 days ___ Amoxicillin 500 TID x 7 days **Note:** Any treatment used other than recommended treatment will need a Test of Cure 3 weeks after completion of therapy. Test of Cure less than 3 weeks could yield false positive results.	**Treatment date** ________________ **✶ CDC Recommended Regimen** Uncomplicated gonococcal infections of the cervix, urethra, rectum, pharynx, and pregnant patients: **---- Ceftriaxone 500 mg ****** ***ONLY IF*** The patient has severe cephalosporin allergy: ___ AZ 2 gm in a single oral dose and TOC in 1 week ___ Other (Please Specify)	* In infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes, and mouth: anogenital in children < 12 yrs. Old. ** HPV associated with laryngeal papilloma's or recurrent respiratory papillomatosis in children < 6 yrs. old; anogenital in children < 12 yrs. old. Visit our website for an electronic copy of the reporting form. Seminole.FloridaHealth.gov Please provide a copy of patient test results when sending this report.

REPORTING STD

400 W. Airport Blvd.
Sanford, FL 32773

Fax: 407-845-6061

HIV
Area 7
Denisia Vanterpool
407-723-5065
Fax: 407-858-5985

Epidemiology
DOH-Orange
Michelle Persaud
407-858-1432
Fax: 407-858-5517

Epidemiology
DOH-Seminole
Maria Bermúdez
407-665-3694
Fax: 407-845-6055

HIV
DOH-Seminole
Alfredo Maldonado
407-665-3274
Fax: 407-665-3264