

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: <input type="checkbox"/> Female | <input type="checkbox"/> Male | Pregnant? <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race: <input type="checkbox"/> White | | <input type="checkbox"/> Black | <input type="checkbox"/> Other |
| Ethnicity: <input type="checkbox"/> Hispanic | | <input type="checkbox"/> Non-Hispanic | |
| Provider Name: _____ | | Phone: _____ | |
| Address: _____ | | | |

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

| SYPHILIS | | |
|--|---|--|
| Reason for visit: | Symptoms: | Previous history of syphilis infection? <input type="checkbox"/> Yes <input type="checkbox"/> 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: | |
| Confirmatory tests ___ TP-PA positive ___ FTA-ABS positive ___ IgG-EIA positive ___ MHA-TP ___ TP-AB positive <p style="text-align: center;"><u>Diagnosis</u></p> ___ Primary ___ Secondary ___ Early Latent (< 1 yr) ___ Late Latent ___ Tertiary ___ Congenital | Treatment dates: 2.4 BIC #1 _____ 2.4 BIC #2 _____ 2.4 BIC #3 _____ ___ Doxycycline 100 BID x 14 days Date _____ ___ Doxycycline 100 BID x 28 days Date _____ If Pregnant: Was sex partner(s) treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, was sex partner(s) referred to the health department? <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual partners information (if known/given): <div style="border: 1px dashed black; padding: 10px; text-align: center; margin-top: 20px;"> <p style="color: red; font-weight: bold;">Visit our website for an electronic copy of the reporting form.</p> <p style="color: blue; text-decoration: underline;">Seminole.FloridaHealth.gov</p> <p style="color: blue; font-weight: bold;">Please provide a copy of patient test results when sending this report.</p> </div> |

REPORTING STD

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**Epidemiology
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**HIV
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