Reset Form

CONFIDENTIAL REPORT OF COMMUNICABLE DISEASES

State Form 43823 (R6 / 2-18)

THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 IAC 1-2.5-78

DISEASE

Fax Completed Form to: 317-234-2812

Name (*last, first, middle initial*)

If child, name of parent (*last, first, middle initial*)

Address (*number and street*)

City | ZIP code

County

Telephone

Date of birth (*MM / DD / YYYY*)

Occupations of Interest (Not Required For STD's)
Check all that apply:
- ☐ Health Care Worker
- ☐ Food Handler
- ☐ School (*student / staff*)
- ☐ Day Care (*attendee / staff*)

SEX	RACE	ETHNICITY
☐ Male ☐ Female	☐ White ☐ Black ☐ Other _____ ☐ Multiracial	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Name of workplace or school / day care

Pregnant? ☐ Yes ☐ No ☐ Unknown

CLINICAL

Date of diagnosis (*MM / DD / YYYY*)

Symptoms

Onset date (*MM / DD / YYYY*) | Deceased ☐ Yes ☐ No | Immunocompromised ☐ Yes ☐ No

Hospitalized ☐ Yes ☐ No | Hospital Name

Admission date (*MM / DD / YYYY*) | Discharge date (*MM / DD / YYYY*)

LABORATORY

Test	Result
Specimen collection date (*MM / DD / YYYY*)	Specimen source
Laboratory Name	Laboratory Telephone

TREATMENT

Treatment (*name of antibiotic*)	Dosage	Dosage Frequency	Dosage Duration	Treatment date (*MM / DD / YYYY*)

PROVIDER

Physician name	Person reporting (*other than physician*)
Facility / Hospital Name	Person reporting telephone number
Facility / Hospital Address	
Facility Telephone Number	Date of report (*MM / DD / YYYY*)

LOCAL HEALTH DEPARTMENT USE ONLY

Date of first notification (*MM / DD / YYYY*)	Follow-up initiated? ☐ Yes ☐ No
Name of investigator	Investigator telephone number

Reportable Diseases *(For reporting requirements, see code 410 IAC 1-2.5-75.)*

Diseases to be reported on THIS form:

Diseases to be reported IMMEDIATELY (upon suspicion)
Anthrax
Arboviral encephalitis
(Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese)
Botullism
Brucellosis
Chikungunya virus
Cholera
Coccidioidomycosis
Dengue
Diphtheria
Eastern equine encephalitis
Escherichia coli infection
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis, viral, Type A
Hepatitis, viral, Type B, pregnant woman
Hepatitis, viral, Type E
Japanese encephalitis
La Crosse encephalitis
Measles
Meningococcal disease
Plague
Poliomyelitis
Powassan virus
Q fever
Rabies in humans or animals
Rubella
Rubella congenital syndrome
Shigellosis
Smallpox
St. Louis encephalitis
Tularemia
Typhoid
West Nile virus
Western equine encephalitis
Yellow fever

Diseases reported on a DIFFERENT form
Acquired Immunodeficiency Syndrome
Animal Bites
Human Immunodeficiency Virus Infection
Tuberculosis, Cases, Reactors, and Latent Infection
Chlamydia trachomatis, genital infection
Gonorrhea
Syphillis

Diseases to be reported within 24 hours
Haemophilus influenzae, invasive disease
Mumps
Novel influenza A
Pertussis

Diseases to be reported within 72 hours
Anaplasmosis
Babesiosis
Campylobacteriosis
Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae
Chancroid
Cryptosporidiosis
Cyclospora
Cysticercosis
Giardiasis
Granuloma inguinale
Hansen's disease
Hepatitis, viral, Type B
Hepatitis, viral, Type C (acute), within five (5) business days
Hepatitis, viral, Type Delta
Hepatitis, viral, unspecified
Histoplasmosis
Influenza-associated death (all ages)
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Psittacosis
Rabies, postexposure treatment
Rocky Mountain spotted fever
Salmonellosis
Staphylococcus aureus
Streptococcus pneumonia
Streptococcus, Group A
Tetanus
Toxic shock syndrome
Trichinosis
Typhus
Varicella
Vibriosis
Yersiniosis

For questions or emergencies, call the Epidemiology Resource Center at 317-233-7125.

Please fax completed form to 317-234-2812.