



Reno County Health Department Epidemiology Program
209 W 2nd Ave, Hutchinson, KS 67501
Phone: (620) 694-2900
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Notifiable Disease Form

***Items in red are required**

School or other reporting facility: _____

*Name of person making report: _____ *Home\Work\Cell Phone: _____

Patient Information

*First Name: _____ Middle Name: _____ *Last Name: _____

*Race: (Select all that apply) ___ White ___ Black/African American ___ Asian ___ American Indian ___ Pacific Islander

*Ethnicity: Hispanic Non-Hispanic

*Sex: Male Female Date of Birth: _____ Age: _____

*Street Address: _____ *City: _____ *State: _____ *Zip: _____

*Patient Home\Work\Cell Phone: _____

Parents\Guardian Information (If applicable)

Mother Name: _____ Home\Work\Cell Phone: _____

Father Name: _____ Home\Work\Cell Phone: _____

Guardian Name: _____ Home\Work\Cell Phone: _____

Disease

*Disease Name: _____

Doctor Name: _____ Clinic Name: _____

Doctor or clinic phone number: _____

Symptoms: _____

Onset Date: _____ Diagnosis Date: _____

Treatment: _____ Date Prescribed: _____

Hospitalized? Yes No Unknown If Yes, Where? _____

Disease Specific Immunizations

Immunizations Names: _____

Immunizations Dates: _____

For Varicella, Rash Onset Date: _____

Severity of Rash: Unknown Mild (<50 lesions) Moderate (50-500) Severe (>500)

Additional Information

Was laboratory testing ordered? Yes No Unknown

If testing was ordered, Laboratory Name: _____ Date of Specimen: _____

Tests Requested: _____

Occupation: _____

If yes to any of the following, please provide details (e.g., estimated delivery date, daycare address, travel history) in comments section.

Pregnant? Yes No Unknown

School association? Yes No Unknown

Daycare association? Yes No Unknown

Adult care home resident? Yes No Unknown

Lives in other group home? Yes No Unknown

Food handler? Yes No Unknown

History of travel? Yes No Unknown

School Specific Information

Grade: _____ Teacher: _____

Last Attendance Date: _____

School Nurse Name: _____ School Nurse Phone: _____

Comments
