NASSAU COUNTY DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL/ BUREAU OF COMMUNICABLE DISEASE CONTROL

CONFIDENTIAL CASE REPORT

COUNTY OF RESIDENCE (CIRCLE ONE):
NASSAU / OTHER:_____

- ***PATIENT INFORMATION*** LAST NAME:_____ FIRST NAME:_____

(PARENT NAME IF CHILD:_____)

ADDRESS_____ **CITY:** _____ **STATE:**_____ **ZIP:**_____

TELEPHONE: (___)_____ **-** _____ DATE OF BIRTH: _____/_____/_____ **AGE:** _____ **YR /MON**

OCCUPATION (INDICATE ONE)	RACE (INDICATE ONE)	ETHNICITY (INDICATE ONE)	GENDER (INDICATE ONE)	PREGNANT (INDICATE ONE)
___ FOOD SERVICE RESTAURANT ___ DAY CARE ___ HEALTH CARE/NURSING HOME ___ STUDENT/SCHOOL ___ INMATE ___ OTHER:_____ ___ UNKNOWN	___ WHITE ___ AFRICAN AMERICAN / BLACK ___ AMERICAN INDIAN / ALASKAN NATIVE ___ ASIAN/PACIFIC ISLANDER ___ OTHER ___ UNKNOWN	___ HISPANIC / LATINO ___ NON-HISPANIC / NON-LATINO ___ UNKNOWN	___ MALE ___ FEMALE ___ UNKNOWN	___ YES ___ NO ___ UNKNOWN

HOSPITALIZED? ___ YES ___ NO ___ ER ONLY ADMISSION DATE ___/___/_____

DISCHARGE DATE ___/___/_____

NAME OF HOSPITAL _____ CHART #: _____

- ***DISEASE INFORMATION*** DISEASE REPORTED:

_____

DATE OF FIRST SYMPTOM: _____ /_____ / _____ DATE OF DIAGNOSIS: _____ /_____ / _____ DATE OF REPORT:_____/_____ /_____

SITE OF INFECTION :_____ LAB SPECIMEN / TEST: _____

OTHER LAB FINDINGS: _____ SIGNS/SYMPTOMS: _____

OTHER SYMPTOMS: _____ TREAT/Rx: _____

TREATING PHYSICIAN: _____TEL #: _____FAX #: _____

PATIENT TRAVEL? Y / N / LOCATION: _____OTHERS ILL? Y / N _____

FOOD/DRINK CONSUMED: _____LOCATION OF EATERY?_____ DATE / TIME ATE: _____

- ***REPORTING SOURCE*** NAME ADDRESS TELEPHONE FAX NUMBER

PHYSICIAN / ICP/

LABORATORY / OTHER

- ***REPORTING REQUIREMENTS*** (See Communicable Disease Reporting Requirements)

☼ DISEASES Listed in **BOLD** TYPE **MUST** BE REPORTED (by telephone or FAX) WITHIN **24 HOURS OF DIAGNOSIS**

☼ Non-BOLD General DISEASES may be telephoned, FAXed or mailed to:

DIVISION OF DISEASE CONTROL
NASSAU COUNTY DEPARTMENT OF HEALTH
200 County Seat Drive
Mineola, New York 11501
Weekdays 9:00 am – 4:45 pm TELEPHONE: 516-227-9639 FAX: 516-227-9669
Weekends or After Hours (EMERGENCIES ONLY) Call 516-742-6154

☼ SPECIFIC DISEASES - the following diseases should be reported to the following separate Bureaus:

STD cases should be reported to the STD/HIV Control Unit → PHONE: (516) 227-9423 FAX: (516)227-9610

AIDS/HIV cases should be reported to New York State Department of Health / Division of Epidemiology→ [518] 474-4284

TUBERCULOSIS cases should be reported to the Bureau of Tuberculosis Control→ (516) 227-9664

TRANSMISSIBLE SPONGIFORM ENCEPHALOPATY cases should be reported to New York State Department of Health Alzheimer's Disease and other Dementias Registry → (518) 473-7817