Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Serving Benewah, Bonner, Boundary, Kootenai, and Shoshone Counties

Public Health Reportable Disease FAX Report Form

24-hour Fax Report Line: 208-772-3920

Within the State of Idaho Long Distance Toll Free Fax Line: 1-866-716-2599

Laboratories and health care providers are required to report infectious diseases, conditions, or syndromes listed on Idaho's reportable disease list to the local public health authority. Reportable disease reporting to the Panhandle Health District (a public health authority) is in compliance with HIPAA confidentiality regulations

Reportable Disease, Condition, or Organism: _____	□ **Clinical Dx** □ **+ Lab Result** (please also fax a copy of the positive lab result)	**Onset Date:** (If known)	**Test Date:** (If known)	**Report Date:**

Patient's Name: _____ Last _____ First _____ M.I.	**Date of Birth:** ____ / ____ / _____	□ **Male** □ **Female**

Patient's Address: _____ Street _____ City _____ State _____ Zip	**If female, is patient pregnant?** □ Yes □ No □ Unknown
Race: □ White □ Black □ Asian □ Am. Indian/Alaskan Native □ Unknown □ Other: _____	**Ethnicity:** □ Non-hispanic □ Hispanic □ Unknown
Name of Parent or Guardian if Minor: _____ □ Mother □ Father □ Guardian	**Has patient been notified?** □ Yes □ No □ Unknown

Patient's Telephone #: Home/Cell: _____ Work: _____	**Patient Treated?** □ **Yes** □ **No** □ **Unknown** Treatment Date: ____ / _____ / _____ Treatment Regimen: **Comments:**	**Case is:** □ Acute □ Chronic □ Unknown

Health Care Provider Name:	Telephone:
Laboratory Name:	Telephone:
Person Completing Report:	Telephone:

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