Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

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

Public Health COVID-19 FAX Report Form

24-hour COVID-19 Fax Report Line: 208-601-6129

Only fax POSITIVE test results to PHD; aggregate testing numbers should be reported to EpiMail@dhw.idaho.gov.

Fax each form individually. Include a copy of lab results, if applicable.

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: **SARS-CoV-2 (COVID-19)**	☐ **Clinical Dx** ☐ **+ Lab Result** ☐ Antigen ☐ PCR	**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: Unknown **Comments:**	**Case is:** ☐ Acute ☐ Chronic ☐

Health Care Provider Name:	Telephone:
Laboratory Name:	Telephone:
Facility Name:	Telephone: