

Lincoln-Lancaster County Health Department  
Communicable Disease Program  
**REPORTABLE DISEASES, POISONINGS AND ORGANISMS**  
Health Care Provider Confidential Communication

Person Reporting:	Week Ending	
Clinic/Institution:	Address/Box #	Fax #
		Phone #
Town:	State	Zip Code

Provider Info.

Today's Date	Attending Physician	Date of Onset	
Patient's Name: (Last)	(First)	(MI)	
If <19, Parent's Name: (Last)	(First)	(MI)	
Address: Street/City/Town	County	State	Zip
Age:_____ DOB:_____	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> Asian or Pacific Islander		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Phone_____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		
Disease:	Status: <input type="checkbox"/> Case <input type="checkbox"/> Suspected Case <input type="checkbox"/> Asympt. Carrier		
Check all of the following that apply	<input type="checkbox"/> Patient was hospitalized.	<input type="checkbox"/> Patient has contact with children in day care.	
<input type="checkbox"/> Suspected food or waterborne illness.	<input type="checkbox"/> Patient died as a result of this illness.	<input type="checkbox"/> Patient is a foodhandler.	
<input type="checkbox"/> Patient is part of an outbreak.	<input type="checkbox"/> Blood level test result_____µg/dL		
Treatment (drug, dosage, route, administration)			

Patient Information  
For Physician and Hospital Reporting

Please fax report to 402-441-6205 or mail to address below.

Submit To: Lincoln-Lancaster County Health Department  
Communicable Disease Program  
3131 O Street  
Lincoln, Nebraska 68510-1514  
402-441-8053