City of Detroit Health Department
Communicable Disease Program
Confidential Disease Reporting Form

NAME OF DISEASE/CONDITION:			Report Date:

PATIENT INFORMATION

First Name:	Last Name:		Date of Birth:
Parent or Guardian *(of minors)*: *(Not applicable for STD reporting)*			Sex: ☐ Male ☐ Female ☐ Trans FTM ☐ Trans MTF
Address:	City:	State: Zip Code:	Home Phone: Cell Phone:
Race: (*check all that apply*) ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Native American/Alaskan Native ☐ Unknown ☐ Other: _____	Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Arab ☐ Unknown	Is the patient pregnant? ☐ Yes ☐ No ☐ N/A ☐ Unknown	Patient is associated with *(check all that apply)* ☐ School ☐ Food Service ☐ Hospital ☐ Travel ☐ Correctional Facility ☐ Other: _____

SYMPTOMS

Is the patient symptomatic for this disease? ☐ Yes ☐ No	Symptom onset date:	
Specify Symptoms:	Was the patient hospitalized for this disease? ☐ Yes ☐ No	If Hospitalized Admission date: Discharge date:

TESTING and TREATMENT

Was patient tested? Yes ☐ No ☐	Date of test?	Test Result:	Treatment start date:
Type of test:	Sites for STDs (check all that apply) ☐ Cervix ☐ Rectum ☐ Urethra ☐ Pharynx ☐ Urine ☐ Vagina ☐ Other		Dosage: Dosage Frequency: Dosage Duration:

REPORTING

Reporting Physician/Health Care Provider:	Reporting Lab (For STDs only):
Contact Person/Title:	
Phone:	Fax:

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Source of Report to Health Department:
☐ Hospital ☐ Health Department ☐ Correctional Facility ☐ Private clinic/practice ☐ Laboratory ☐ Other

Is the patient part of an outbreak for this disease? ☐ Yes ☐ No

Outbreak Setting: ☐ Household/ Community (specify): _____
☐ Correctional Facility ☐ Food Service ☐ School/Day Care ☐ Long term care ☐ Hospital

Please fax completed form and any laboratory results to (313) 877-9286

For other questions please call (313) 876-4000. Hours of operation are Monday-Friday 9:00am-5:00pm
TB cases should be faxed to (313) 577-9887
STDs should be faxed to (517) 241-0875

HIV case report forms and instructions can be found at https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/resources/testing-and-reporting

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