

CAMERON COUNTY PUBLIC HEALTH

Notifiable Conditions Report Form

Cameron County Epi-1 Form (CCEPI-1)

This form may be used to *report suspected or confirmed cases of Texas notifiable conditions* to Cameron County Public Health. *Outbreaks, exotic diseases, or unusual group expressions of disease that may be of public health concern should also be reported* by the most expeditious means available. A health department public health investigator may contact you for additional information. *[Special Note: Use one (1) Report Form for each individual case submitted....HIPAA.]. Please attach confirmatory LAB results to this report.*

Submitting (Reporting) Facility:		Address:			Date Submitted:	
					/ /	
Name of Person Submitting Report:		Title/Department:			Telephone Number:	
					()	Ext:
Notifiable Condition Reporting		Diagnosis (Dx) Type:		_	_	
(Please specify condition)		☐ Clinical ☐ Serology ☐ Culture/PCR ☐ Biopsy/Smear ☐ Other:		Initial Onset of Symptoms:// Specimen Collection Date://		
Is condition: () Acute () Chronic				Date of Notifiable Condition Dx://		
Name of Diagnosing Physician:		Physician's Address: () Clinic () Hospital (History of Vaccinate	Chickenpox (varicella) reporting only: History of Disease:		
		Office telephone number: ()		Vaccine/Dosage Dates: 1 2		
Patient's Last Name:	Suffix	Patient's First Name:	MI	Date of Birth: Age:		
				/	/	
Sex: □ Male □ Female			Black Jnknown	Ethnicity: Hispanic Not Hispa		□ Not Hispanio
Patient's Physical Address of Residence: () Home (City/State/Zip Code:		Patient's Home Telephone Number:			
			*If a <u>Minor Patient (less than 18 years of age)</u> , list parent(s)/guardian(s) name & telephone number.			
Travel: □ Yes □ No Date(s):				Hospital use:		
If yes, where:			Admit Date: /			
Reason for Travel:				Discharge Date://		
Additional Information such	as pregn	ancy status, occupation, so	chool nam	ne/grade:		
<u>FAX</u> to: 1-(866)-326-3316 or (956) 361-8296				Attached to this Report Form are:		
Attention: <u>CCPH PHEP Program – Epi/Surveillance</u> To speak to our staff or report Immediately Reportable Conditions, call (866) 326-3397 or (956) 247-3625.				additional page(s)		
This fax transmission contain named above. If you have recei						

copying, distribution, or other use of the transmitted information is strictly prohibited.

(As per HIPAA & Privacy Act)