

Confidential Infectious Disease Report Form State of Alaska, Section of Epidemiology

Health care providers may use this form for making infectious disease reports. Please use the STD/HIV Disease Report Form for reporting of Sexually Transmitted Diseases (STD) and HIV. Forms may be found at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>.

Immediately report any suspected or confirmed public health emergency to 907-269-8000 (during business hours) or 1-800-478-0084 (afterhours). Diseases classified as public health emergencies are listed in bold on page 6 on the Disease Reporting Manual (<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>).

Patient Information

Last Name _____ First Name _____ MI _____

Date of birth ____/____/____ Sex: Female Pregnant: No Yes EDC ____/____/____ Unknown
(mm/dd/yyyy) Male
Transgender

Race: White Asian Ethnicity: Hispanic
 Black Unknown Non-Hispanic
Alaska Native/American Indian Other _____ Unknown
Native Hawaiian/Pacific Islander

Physical Address _____ PO Box _____
City _____ State _____ Zip Code _____
Phones (home) _____ (cell) _____ (work) _____

Disease Information

Name of Disease _____

Was the diagnosis laboratory confirmed? Yes No

*If so, please include a copy of the lab result

Specimen Collection Date: ____/____/____

Type of Specimen: Stool
 Blood
 CSF
 Nasopharyngeal swab
 Other _____

Type of Test: Culture
PCR
Rapid test
Abbott ID NOW COVID-19
Other _____

Name of Medical Facility _____ Phone _____

Patient Status: Inpatient Outpatient Emergency Department

Attending Health Care Provider _____ Laboratory Name (if known): _____

Reported by: _____ Date Reported: ____/____/____

Fax reports to (907) 561-4239 – please verify fax has been transmitted.

This form is also available online at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>.

