MANDATORY COMMUNICABLE DISEASE REPORT FORM
PHYSICIAN AND LABORATORY
DISEASE REPORTING
ALLEGAN COUNTY HEALTH DEPARTMENT
TELEPHONE: 269-673-5411  FAX: 269-673-2163

Date: _____________________
Disease: _______________________________ Date of Onset: _______________________________
Reported by: ________________________________
Date Seen/Hospitalized: _____________________ Date Discharged: ________________________
Patient Name: _______________________________ Contact Person: ________________________
Phone: ______________ Address: ______________ City/Zip Code ______________
Birth Date/Age: _______________ Sex: M  F  Race: ____________ Ethnicity: ____________
Physician: ________________________ Phone: _____________ Fax: _________________
Physician Address ___________________________________________________________
Affiliated With: _________________________________ Phone: ______________________
Pertinent Laboratory Results: ____________________________ Test Date ______________
Additional Information (eg; occupation, school, etc) ________________________________

PERTINENT LABORATORY RESULTS SHOULD ACCOMPANY THIS REPORT
FAX TO: 269-673-2163

REPORT IMMEDIATELY
Any unusual occurrence, outbreak, or epidemic of any disease, condition, and/or nosocomial infection.

HOW TO REPORT:  Fax completed report form to Allegan County Health Department

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