

**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