



Tennessee Department of Health Reportable Diseases and Events

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02). For more specific details, download the Reportable Diseases and Events Matrix (<http://health.state.tn.us/ReportableDiseases>). If further guidance is needed, contact Communicable and Environmental Disease Services at (615) 741-7247 or (800) 404-3006.

Disease/Event Code:	
Demographics	Patient Name:
	Date of Birth: ____/____/____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
	Race: <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)
	Street Address:
	City: _____ State: _____
County: _____ Zip Code: _____	
Phone: () _____	
Clinical Information	Onset Date: ____/____/____
	Hospitalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Admission Date: ____/____/____
	Discharge Date: ____/____/____
	Died?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
STD Treatment Date: ____/____/____	
STD Treatment:	
Provider	Physician Name:
	Facility/Hospital Name:
	Phone: () _____
Laboratory	Test:
	Specimen Collection Date: ____/____/____
	Specimen Source:
Result:	

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Date of Report: ____/____/____ Person Reporting/Title: _____ Phone: () _____