

Fill out all pages as thoroughly as possible. Use the submit button below to send this form.

NORTHEAST TEXAS PUBLIC HEALTH DISTRICT/ DISEASE SURVEILLANCE

FAX: 903-593-9788

Phone: 903-595-1350

SURVEILLANCE TRACKING REPORT

SECTION 1. REPORTING FACILITY INFORMATION

Date /Time of Report:

Reporting Facility:

City:

County:

Telephone:

Contact:

SECTION 2. PATIENT INFORMATION

Patient Name:

DOB:

Sex:

Race:

Address:

City:

Zip Code:

County:

Phone #:

Parent/Guardian:

Occupation/Daycare status:

SECTION 3. MEDICAL INFORMATION

Disease:

*******Please attach confirmatory lab reports*******

If hepatitis B or hepatitis C: acute chronic resolved unknown perinatal

Type of Diagnosis: serology culture clinical other

Date of Onset/Test:

Culture Site:

Physician:

Physician Phone:

Fax:

SECTION 4. COMMENTS

SECTION 5. NORTHEAST TEXAS PUBLIC HEALTH DISTRICT/ DISEASE SURVEILLANCE

Field Offices

Report received by:

Forwarded to Tyler: