



Infectious Disease Report (Epi 1)

General Instructions

This form may be used to **report suspected cases of notifiable conditions** in Texas, available at www.dshs.state.tx.us/idcu/investigation/forms/101A.pdf. In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported** by the most expeditious means available. A health department epidemiologist may contact you to further investigate this infectious Disease Report. Information needed to classify cases of infectious disease is outlined in the Epi Case Criteria Guide found at www.dshs.state.tx.us/idcu/investigation/forms/EpiCaseGuide.pdf.

Report Texas Notifiable Conditions to:
Hidalgo County Health & Human Services Department
 Phone (956) 318-2431 or Fax to (956) 318-2431

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
<input type="checkbox"/> Clinical Diagnosis		Lab Result: <input type="checkbox"/> Culture <input type="checkbox"/> Serology		PLEASE SUBMIT LAB REPORT	
		<input type="checkbox"/> Other test			
Patient Name (Last)		(First)	(MI)	Telephone (_____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (_____) _____ - _____	
Hospital Admission Date:		Hospital Discharge Date:		<input type="checkbox"/> Recovered <input type="checkbox"/> Died <input type="checkbox"/> Unknown	
Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler, school name/grade, travel history)					
Name of Reporting Facility			Address		
Name of Person Reporting		Title		Phone Number (_____) _____ - _____ extension _____	
Date of Report (mm/dd/yyyy)			E-mail		

To report immediately reportable conditions after hours please call us at (956) 318-2432. Above information is CONFIDENTIAL. Please notify sender if received in error and return or destroy!



Hidalgo County Health & Human Services Department
Public Health Emergency Preparedness Division (PHEP)

1304 S. 25th Ave*Edinburg, TX 78542 *Phone (956) 318-2426*Fax (956) 318-2431

VARICELLA (CHICKENPOX) REPORTING FORM
FAX (956) 318-2431

DATE: _____ REPORTING FACILITY NAME: _____

COUNTY: HIDALGO CITY: _____ PHONE: _____

PERSON FILLING OUT THIS FORM: _____
 NAME / TITLE (PLEASE PRINT)

ONSET DATE	HX OF DISEASE? YES NO	VACCINATED AGAINST VARICELLA? YES NO		NUMBER OF DOSES RECEIVED: 1 2	
		DATE(S) VARICELLA VACCINE ADMINSTERED DOSAGE #1 ____/____/____			
		DATE(S) VARICELLA VACCINE ADMINSTERED DOSAGE #2 ____/____/____			
LAST NAME:		FIRST NAME:		DOB:	SEX M F
					RACE: Circle One White Black Asian Other
ADDRESS:		CITY:	ZIP CODE:	HISPANIC: YES NO	
PATIENTS PHONE:		DOCTORS FULL NAME			
NOTES:					
ONSET DATE	HX OF DISEASE? YES NO	VACCINATED AGAINST VARICELLA? YES NO		NUMBER OF DOSES RECEIVED: 1 2	
		DATE(S) VARICELLA VACCINE ADMINSTERED DOSAGE #1 ____/____/____			
		DATE(S) VARICELLA VACCINE ADMINSTERED DOSAGE #2 ____/____/____			
LAST NAME:		FIRST NAME:		DOB:	SEX M F
					RACE: Circle One White Black Asian Other
ADDRESS:		CITY:	ZIP CODE:	HISPANIC: YES NO	
PATIENTS PHONE:		DOCTORS FULL NAME:			
NOTES:					

REPORT ANY SUSPECTED OUTBREAKS OF UNUSUAL EXPRESSIONS OF ILLNESS TO (956)318-2432 Emergency Only (24/7/365)

Please use this form to report cases of Varicella to our department by the end of the week.

For more information visit our WEB SITE: <http://hchd.org>