Notifiable Conditions Report

Northeast Tri County Health District

☐	Ferry County:	Phone (509) 775-3111	Fax (509) 775-2858
☐	Pend Oreille County:	Phone (509) 447-3131	Fax (509) 447-5644
☐	Stevens County:	Phone (509) 684-2262	Fax (509) 684-9878

NECESSARY INFORMATION FOR REPORTING - *Please Complete Top Section Before Faxing to NE Tri County Health District*

PATIENT'S NAME _____ (LAST) _____ (FIRST) _____ (MI)

DATE OF BIRTH _____ (MM DD YYYY)

RACE ☐ Black ☐ Hispanic ☐ Am Ind ☐ Asian ☐ Cauc ☐ Other

SEX ☐ Male ☐ Female

PATIENT'S ADDRESS

_____ STREET _____ APT.#

_____ CITY _____ STATE _____ ZIP

_____ PHONE (H) _____ PHONE (W)

_____ PARENT'S NAME _____ PHONE

_____ NAME OF SCHOOL, DAYCARE OR EMPLOYMENT

IS THIS PERSON: ☐ Food Handler ☐ Health Care Worker ☐ Day Care Worker ☐ Day Care Attendee

DISEASE

_____

_____

DIAGNOSIS (check one)

☐ Clinical ☐ Lab Confirmed ☐ Both

DATE OF ONSET _____

Has Patient Been Notified of Diagnosis? ☐ Yes ☐ No

_____ ATTENDING HEALTH CARE PROVIDER NAME

_____ HEALTH CARE PROVIDER PHONE

PERSON REPORTING

Name/Title _____

Address _____

City/State/Zip _____

Phone _____

ADDITIONAL INFORMATION - *Please Provide Where Possible to Expedite Investigation*

Laboratory Test Results (Source of specimen and date collected)	Treatment Given	Chief Symptoms/Complaints

Laboratory Name Phone _____	Possible Source of Infection	Comments

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