

CONFIDENTIAL HIV/STD REPORT FORM

Section of Epidemiology | HIV/STD Program

Phone (907) 269-8000 | Confidential Fax (907) 561-4239 Cases are required to be reported within 2 working days (7 AAC 27.005 & 7 AAC 27.007)



PATIENT INFORMATION																
LAST NAME			FIRST N	FIRST NAME, MI				PREFERRED NAME			DATE OF BIRTH					
											MO DAY			YR		
ADDRESS					СІТҮ					-	STATE		ZIP CO	_		
					_											
															L balan array	
TELEPHONE EMAIL				ENGLISH SPEAKING?				Yes								
ļ				No (Lang)) Yes Weeks No						
SEX ASSIGNED AT BIRTH GENDER IDENTITY									RACE (cho	eck a	ll that ap	oply)		_		
Male Male Female Female										White 🗌 Asian Black 🗌 Other						
Female Female Other:										American Indian/Alaska Native						
										Native Hawaiian/Other Pacific Islander						
REASON FOR EXAM		GENDE	R OF SEX F	ARTNERS (check a	all that ap	ply)		HIV ST	ATUS					CURR	ENTLY	
Referred by Partner			1 Tellin					iminary (J	ninary (pending confirmation) ON PrEP?							
DIS Referral							-	nosis (lab confirmed) Yes								
									vious diagnosis No							
Routine Exam (Asymptomatic)										ive (lab confirmed)				Un	known	
Prenatal Exam Did not test/Unknown status																
DIAGNOSIS - DISEASE GONORRHEA (lab confirm	and)								SVDL		suspect	ed o	r nroha	hle)		
DIAGNOSIS (check one)	k all sites	ll sites TREATMENT (see CDC guidelines)							SYPHILIS (suspected or probable) STAGE (check one)							
Asymptomatic th		that tested	positive)	Date Administered					GE (Check one) rimary (Chancre, etc.)							
Comparing the second se				Ceftriaxone												
		Eyes Pharynx	,			240 mg IM + Azithromycin 2 g PO				Early Latent (< 1 year)						
Disseminated										Unknown Duration or Late						
Pelvic Inflammatory Disease						h				Congenital						
Other Complications		Cervix								MANIFESTATIONS (check all that apply)						
		🗌 Urine		Cefixime 800 mg PO						□ Neurologic □ Otic □ Ocular □ Other						
Specimen Date		🗆 Rectum		Doxycycline 100 mg BID x 7 days												
		Other							LAB	LAB RESULTS Specimen Date						
Laboratory				Other												
CHLAMYDIA (lab confirm	ed)									Nontreponemal (RPR/VDRL) Titer Treponemal Result						
						(see CDC guidelines)				onem	dl		Result			
Asymptomatic that tested		positive)					TREA	TREATMENT (see CDC guidelines)								
Symptomatic, Uncomplicated		🗌 Eyes		Azithromycin 1g PO						Date(s) Administered						
Pelvic Inflammatory Disease		Pharynx		Doxycyline 100 mg PO BID x 7 days						Bicillin L - A 2.4 MU IM in one dose						
		🗌 Urethra		Amoxicillin 500 mg PO TID x 7 days					(reco	(recommended) 7.2 MU IM total (3 doses of						
		🗌 Vagina				in 500 mg PO daily x 7 days					2.4 MU IM at 7-10 day intervals)					
		Cervix		1												
		Urine		Other					cribed							
				Date Prescribed						Doxycycline100 mg BID x 14 days(PCN allergy)100 mg BID x 28 days					•	
										CN allergy) 🗌 100 mg BID x 28 days				lays		
	i			1 1					Othe	er						
PARTNER MANAGEME	NT															
In-person evaluation - N	Number	of partners t	reated follo	wing medical eval	uation: _											
Patient-delivered treatm	nent - N	umber of par	tners for w	hom provider pres	cribed or	r prov	vided expe	edited pa	rtner ther	apy (I	EPT) med	icatio	on pack	:		
REPORTING CLINIC INF																
FACILITY NAME						AGN	OSING CL									
						AGN		INICIAN								
ADDRESS				CIT			Y			TATE			ZIP			
TELEPHONE D			DATE	DATE PER			ERSON COMPLETING FORM				· ·					
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