# Confidential Infectious Disease Report Form

**Section of Epidemiology | Infectious Disease Program**
Phone (Business Hours): (907) 269-8000
Phone (After Hours): (800) 478-0084
Fax: (907) 561-4239

Healthcare organizations may use this form to report infectious diseases to the State of Alaska Section of Epidemiology. If reporting cases of Sexually Transmitted Diseases (STD) and HIV cases, please use the HIV/STD Report Form.

**Immediately report any suspected or confirmed public health emergencies by calling 907-269-8000 during business hours or 1-800-478-0084 after hours. For the list of conditions classified as public health emergencies, visit the Alaska Report a Health Condition webpage.**

## Patient Information

**Full Name:** _____

**Date of Birth:** _____ / _____ / _____
DD MM YYYY

**Sex:** ☐ Female ☐ Male
☐ Other: _____

**Pregnant?** ☐ Yes EDC: _____ / _____ / _____
DD MM YYYY
☐ No ☐ Unknown ☐ N/A

**Race:** ☐ Alaska Native/American Indian ☐ Asian
☐ Black ☐ Native Hawaiian / Pacific Islander
☐ White ☐ Other ☐ Unknown

**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic
☐ Unknown

**Physical Address:** _____

**P.O. Box:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Patient Phone Number:** _____ - _____ - _____

## Disease Information

**Name of Disease:** _____

**Specimen Collection Date:** _____ / _____ / _____
DD MM YYYY

**Was the diagnosis laboratory confirmed?** ☐ Yes* ☐ No

*If so, please include a copy of the lab result

**Result:** ☐ Positive ☐ Negative
☐ Indeterminate ☐ Other: _____

**Type of Specimen:** ☐ Stool ☐ Blood
☐ CSF ☐ Nasopharyngeal swab
☐ Other: _____

**Type of Test:** ☐ Culture ☐ PCR ☐ Serology
☐ Rapid test ☐ Antigen test
☐ Other: _____

**Patient Status:** ☐ Inpatient ☐ Outpatient ☐ Emergency Department ☐ Other: _____

## Reporter Information

**Name of Medical Facility:** _____

**Phone:** _____ - _____ - _____

**Attending Health Care Provider:** _____

**Laboratory Name (if known):** _____

**Reported by:** _____

**Date Reported:** _____ / _____ / _____
DD MM YYYY

Fax reports to (907) 561-4239 – please verify fax has been transmitted.
This form is also available on Alaska's Report Health Condition Webpage.
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Clear Form