



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: ____/____/____
MM DD YYYY

Sex: ☐ Female ☐ Male
☐ Other: _____

Pregnant? ☐ Yes EDC: ____/____/____
MM DD 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: _____
City: _____ State: _____ Zip Code: _____

P.O. Box: _____
Patient Phone Number: _____ - _____ - _____

Disease Information

Name of Disease: _____

Specimen Collection Date: ____/____/____
MM DD 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: ____/____/____
MM DD YYYY