

Mid- Michigan District Health Department

Communicable Disease Reporting Form

Michigan Communicable Disease Rules (PA 386 of 1978, Sect. 333.5111, R325.171 et al) stipulates that physicians must report certain diseases and infection to their local health department in a timely manner. These rules further state that you do NOT need prior consent from your patient to make reports to the local health department. All Communications between physicians and local health departments are strictly confidential.

Today's date ____ / ____ / ____

Patient's name _____
Last First MI

Patient's address _____
Street City Zip Phone

Patient's County of Residence (Circle One) Montcalm Gratiot Clinton

Patient's Birth Date ____ / ____ / ____ and Age ____ Patient's Occupation _____

Race _____ Ethnicity _____ Sex M or F (Circle One)

Name of disease, infection, or condition being reported

(Please print clearly)

Estimated date of onset ____ / ____ / ____

Physician or Clinic reporting the disease, infection, or condition _____

Reporter's address _____
Street City Zip Phone

Is patient aware that the health department will be calling him/her? Yes or No

Pertinent Lab results _____
(Attach Lab reports)

Any other information deemed appropriate by the physician such as exposure information?

Are you aware of any other cases? Yes or No (Circle One)

Please fax this report to the county in which the person resides.

Gratiot
989-875-1019
989-875-1032 Fax

County
Montcalm
989-831-3615
989-831-3666 Fax

Clinton
989-227-3111
989-224-3126 Fax