

REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE  
(1-800-362-2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health concern
Plague	Rubeola (measles)	
	WEEK ENDING	
	_____	

REPORT ALL  
OTHER DISEASES  
BELOW.

See 507.3E2 for list  
of reportable  
infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name			
	Address			
	Attending Physician			
	Name			
	Address			
	Attending Physician			
	Name			
	Address			
	Attending Physician			
	Name			
	Address			
	Attending Physician			
	Name			
	Address			
	Attending Physician			

Reporting Physician, Hospital, or Other Authorized Person

Address

Remarks:

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____ _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY  _____ _____					