Print Form

Tennessee Department of Health
Reportable Diseases and Events

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02). For more specific details, download the Reportable Diseases and Events Matrix (http://health.state.tn.us/ReportableDiseases). If further guidance is needed, contact Communicable and Environmental Disease Services at (615) 741-7247 or (800) 404-3006.

Disease/Event Code:

Demographics

Patient Name:

Date of Birth: ____/____/_____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race: ☐ American Indian / Alaskan ☐ Asian ☐ Black / African American ☐ Hawaiian / Pacific Islander ☐ White ☐ Other (_____)

Street Address:

City: **State:**

County: **Zip Code:**

Phone: ( )

Clinical Information

Onset Date: ____/____/_____

Hospitalized?: ☐ Yes ☐ No ☐ Unknown

Admission Date: ____/____/_____

Discharge Date: ____/____/_____

Died?: ☐ Yes ☐ No ☐ Unknown

Pregnant?: ☐ Yes ☐ No ☐ Unknown

STD Treatment Date: ____/____/_____

STD Treatment:

Provider

Physician Name:

Facility/Hospital Name:

Phone: ( )

Laboratory

Test:

Specimen Collection Date: ____/____/_____

Result:

Specimen Source:

Disease/Event Code:

Demographics

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Date of Birth: ____/____/_____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race: ☐ American Indian / Alaskan ☐ Asian ☐ Black / African American ☐ Hawaiian / Pacific Islander ☐ White ☐ Other (_____)

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STD Treatment Date: ____/____/_____

STD Treatment:

Provider

Physician Name:

Facility/Hospital Name:

Phone: ( )

Laboratory

Test:

Specimen Collection Date: ____/____/_____

Result:

Specimen Source:

Date of Report: ____/____/_____ **Person Reporting/Title:** _____ **Phone:** (_____) _____