

Infectious Disease Report

This form may be used to report suspected cases and cases of notifiable conditions in Brown County Texas. In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

This form can be sent via fax to 325-646-939 or through secure email to phpstaff@brownwoodtexas.gov.

Contact the BBCHD at 325-643-3793 with questions.

For digital copies or more information visit <https://www.brownwoodtexas.gov/215/Epidemiology>

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		☐ Onset	☐ Specimen collection
				☐ Absence	☐ Office visit
Practitioner Name		Practitioner Address/ ☐ See Facility address below		Practitioner Phone/ ☐ See Facility phone below (_____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)					
Patient: Name (Last)		(First)	(MI)	Phone Number: (_____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex ☐ Male ☐ Female ☐ Other _____	Ethnicity ☐ Hispanic ☐ Not Hispanic	Race ☐ White ☐ Black ☐ Asian ☐ Other ☐ Unknown	
Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), school name/grade, travel history					
Name of Reporting Facility			Address		
Name of Person Reporting		Title	Phone Number (_____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)		E-mail			
Health Department use only  ☐ Confirmed ☐ Probable ☐ Suspected ☐ Dropped ☐ Duplicate, with new information					

Above Information is **CONFIDENTIAL**. Please notify sender if received in error and return or destroy.