

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) <small>(Please fill in onset or closest known date)</small>		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Practitioner Name		Practitioner Address/ <input type="checkbox"/> See Facility address below		Practitioner Phone/ <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), school name/grade, travel history</i>					
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					
					
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Probable	<input type="checkbox"/> Suspected	<input type="checkbox"/> Dropped	<input type="checkbox"/> Duplicate, with new information	