



County Health Department/Local Health Jurisdiction (LHJ) Use Only:

DPHHS Use Only:

LHJ Case ID \_\_\_\_\_

Reporter (check all that apply)

- Laboratory  
  Hospital  
  HCP  
  DPHHS  
 Public health agency  
  Other

MMWR Week \_\_\_\_\_

CDC Case Status

- Confirmed  
  Probable

First report date to LHJ \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Investigation start date \_\_\_\_/\_\_\_\_/\_\_\_\_

First report date to DPHHS \_\_\_\_/\_\_\_\_/\_\_\_\_

This report is:  Initial  Update: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition

- CDC Notification  
 Out of State – faxed  
 Not a Case

# Communicable Disease Case Report

County/Tribal Jurisdiction

This notification form fulfills the Administrative Rules of Montana (ARM) requirements for disease reporting. Supplemental disease specific forms may also be required. Disease specific forms can be found on the DPHHS SharePoint site.

## 1. CASE INFORMATION

		<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect		
Disease/Condition		Onset Date	Diagnosis Date	
Hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Hospital Name		Admit Date	Discharge Date

## 2. CASE DEMOGRAPHIC INFORMATION

Last Name	First Name	MI	Birth date ____/____/____	Age ____
Address			Current Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown	
			Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
City/Town	State	Zip	Race (check all that apply)	
			<input type="checkbox"/> Amer Ind/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Native HI/other PI <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> White <input type="checkbox"/> Unknown	
County/Tribal Jurisdiction		Phone		

Sensitive Occupation: Food Handler  Y  N  
 Patient Care Provider  Y  N  
 Day Care Provider  Y  N  
 Attends Day Care  Y  N

## 3. LABORATORY INFORMATION

Ordering Facility	Laboratory Name	
Ordered Test	Collection Date	Reported Result
Health Care Provider	Phone	

## 4. REPORTING INFORMATION

Reporter to LHJ	Phone
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## 5. NOTES

LHJ Investigator	Phone/email
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