



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

LHJ Case ID _____
 Reporter (check all that apply)
 Laboratory Hospital HCP DPHHS
 Public health agency Other

First report date to LHJ ____/____/____

LHJ Investigation start date ____/____/____

First report date to DPHHS ____/____/____

This report is: Initial Update: ____/____/____

DPHHS Use Only:

MMWR Week _____

CDC Case Status

Confirmed Probable

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	
City/Town					Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
State		Zip		Race (check all that apply)		
County/Tribal Jurisdiction		Phone		<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		

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

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LHJ Investigator	Phone/email
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