



**FLORIDA DEPARTMENT OF HEALTH in SARASOTA COUNTY
DISEASE INTERVENTION SERVICES**

CALL: (941) 861-2873

FAX TO: (941) 861-2902 *(Confidential Fax)**

MAIL TO: Sarasota County Health Department

Disease Intervention Services

2200 Ringling Blvd., Sarasota, FL 34237

FOR OFFICE USE ONLY:

Initial PHN Patient Contact
Date: _____

Date: _____

DISEASE	PATIENT'S NAME, SS #, ADDRESS, PHONE # include (Home/Cell/Work)	DOB	SEX	RACE	TB RELATED TESTS, CXR/ RADIOLOGY INFORMATION*	SYMPTOMS / ONSET DATE	PHYSICIAN'S NAME PHONE/FAX NUMBER
(Please circle as appropriate) TST (+) IGRA (+) TB Suspect TB Case					<p align="center">Include information requested below.</p> TST: Date/time placed _____ Date/time read _____ (mm) IGRA: Collection date _____ Results _____ Risk factors: _____ Foreign born: Country of birth: _____ Year entered in USA: _____ Documented hx. of prior TST: Date _____ (mm) IGRA: Collection date _____ Results _____ Symptomatic: _____ Yes _____ No CXR (prior): _____ Yes _____ No Date: _____ CXR (recent): _____ Yes _____ No Date: _____ *Please provide copies of all TST/IGRA, Culture & CXR reports.		

Note: TB cases must be reported by the next business day.

Chapter 64D-3 of the Florida Administrative Code, "Control of Communicable Diseases and Conditions Which May Significantly Affect Public Health," specifies the list of **diseases/conditions which must be reported to local county health departments** by any attending practitioner, licensed or otherwise permitted in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of any disease on the reportable disease list. Any outbreak of disease in a community, hospital, or other institution is also reportable where any grouping or clustering of patients with similar symptoms or syndromes is noted. Reports may be made by telephone or by faxing or mailing a Report of Reportable Communicable Diseases form to the Health Department, with the exception of AIDS/HIV reports that need to be mailed separately and confidentiality.

SIGNATURE

TELEPHONE

PHYSICIAN/FACILITY/HOSPITAL

TELEPHONE