

Yakima Health District  
 Notifiable Conditions Report  
 FAX: (509) 381-3526

Date of Report \_\_\_\_\_

<b>NECESSARY INFORMATION FOR REPORTING</b> – please complete top section faxing to YHD			
PATIENT'S NAME _____ (LAST) (FIRST) (MI)	DATE OF BIRTH _____ (MM) (DD) (YYYY)	RACE <input type="checkbox"/> Cauc <input type="checkbox"/> Am. In. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PATIENT'S ADDRESS Street _____ Apt. # _____ City _____ State _____ Zip _____ Phone (H) _____ Phone (W) _____ Parent Name _____ Phone _____ Name of School, Childcare, or Employment _____		DISEASE _____ _____ _____	DIAGNOSIS (check one) <input type="checkbox"/> Clinical <input type="checkbox"/> Lab confirmed <input type="checkbox"/> Both
NAME OF ATTENDING HEALTH CARE PROVIDER _____		PERSON REPORTING Name/Title _____ Address _____ Phone _____	
HEALTH CARE PROVIDER PHONE NUMBER _____			

<b>ADDITIONAL INFORMATION</b> – please provide where possible to expedite investigation				
Laboratory Test Results Specimen Source _____ Collection Date ____/____/____ Comments _____		Treatment Given _____ _____		Chief symptoms/complaints _____ _____
Laboratory Name _____ Phone _____		Possible Source of Infection _____ _____		Comments _____ _____
<b>CD reporting line            Business Hours            (509) 249-6541</b>	<b>CD reporting line            After Hours/Wkend            (509) 575-4040 #1</b>	<b>Confidential            CD Fax Line            (509) 381-3526</b>	<b>Wa. State CD            Reporting line            (877) 539-4344</b>	<b>Yakima Health District            1210 Ahtanum Ridge Dr            Union Gap, Wa 98903</b>

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